

Vol. 14

JULY, 1907

No. 7

## THE MEDICAL COLLEGES NOT SO BAD

Nor are "three-fourths of the graduates turned out by the colleges each year defective." The indiscriminate belittling of the members of our profession must cease. Strong words from a strong man

A STATEMENT which went the rounds of the newspapers of the country and which was calculated to do a great deal of harm to American medical colleges and to the profession, was to the effect that "three-fourths of the graduates turned out by the colleges each year are defective." We are sorry to admit that we even reprinted this statement in our editorial on "Medical Education" in last month's CLINICAL MEDICINE.

We want to revise and correct that statement right now. In correspondence with Dr. N. P. Colwell, secretary of the Council, it comes out that there was nothing in the proceedings of that body to warrant such a statement. Dr. Colwell suggests that the statement be revised to read as follows: "The assertion was made that 20 per cent of the graduates turned out of the colleges each year are defective and that more than 20 per cent of the medical schools are unworthy of general recognition by the state boards." Goodness knows that's bad enough—if even that is not putting the percentage of "defectives" too high. Furthermore, there seems to be little doubt that the statement was made by medical Pharisees, even if it didn't get into the "proceedings."

After all, it's what a man shows himself capable of doing after practical experience has shattered a few of his scholastic idols and hammered a bit of common-sense into his brain, that counts. In this connection we want to reprint a portion of a ringing editorial which appeared in the April *Bulletin* of the Illinois State Board of Health:

The disquieting effect of these recent disclosures is not confined to the simple layman who, in times past, has brought to the family physician all his troubles, physical, mental, social and domestic. Throughout the broad prairies of Illinois the seven thousand physicians who have been resolute into the class of incompetents must feel just a trace of grief, if not of irritation, while their ninety-one thousand brethren, throughout the various states and territories, who have been relegated into the army of the unfit, must receive the verdict with at least a feeling of mild surprise.

The legion of medical men who have done their share of good in the world, though incapable of "making a laboratory test for typhoid fever," men who have plodded away in the field of active practice, content as to the virtue of their alma mater, who are now jolted into a realization of their illegitimacy and the mother school's ill-repute, must receive this assurance of their utter incapacity with some misgivings, and must wonder if, in truth, they have been menaces rather than aids to the people in the generations of their faithful practice.

A compilation of the various depressing pictures of medical education set forth by physicians in attendance on the meetings of the Council on Medical Education of the American Medical Association and the American Confederation of Recip-

rocating, Examining and Licensing Boards, at Chicago, held up for the inspection of the public—through the columns of the daily papers, presents to the lay and professional mind the following impressions: Primary education is a farce; literary colleges are worse than useless; the medical man who is capable of spelling his own name is one quite accomplished; three-fourths of the physicians graduated every year should never be allowed to practise; there is only one medical college in Chicago that is above criticism (this, the utterance of a member of the faculty of a leading medical college in Chicago); there are not more than six in the United States that are what they ought to be; no medical college is worthy of existence unless it be conducted by the State; medical departments of state universities are worthy only of scathing condemnation; a few pill bottles and a cracked test-tube is the orthodox equipment for a medical college according to prevailing fashions; museums of anatomy on South Clark Street furnish the "material" for students in Chicago's medical colleges; seventy-five per cent of doctors should abandon the scalpel and take up the plowshare or the sledge.

And for fear that all this would not cast sufficient opprobrium on the much-maligned practitioner, and discredit him in the minds of his former patients who have begun to look longingly toward the faith cure, it was gravely proposed by one of the distinguished critics that students be examined at the end of their sophomore year, in the studies embraced in the curriculum of the first two years, and "get them off their hands." It is seemingly too much to expect the average medical student to burden his mind, during his junior and senior days, with the inconsequential subjects mastered (?) in his freshman and sophomore terms, and it is unreasonable to presume that he will possess sufficient knowledge of the subjects at the end of his course, to enable him to pass a State Board examination. All of which tends to attest to the pertinency of the hackneyed saying: "there's no use asking a senior anything about anatomy."

\* \* \*

It may be said, with no spirit of levity, that while the conditions in medical education are not what they should be, it is difficult to understand how these conditions could have become so deplorable as compared with the average range of education and human intelligence. Discouraging as our march of progress toward the ideal has been, it must be that we have made some steps forward—that medical education has advanced a little. It must be that a large percentage of those who are now practising medicine are qualified for the work they have undertaken.

And we will go further, in conclusion, and say, and likewise with no spirit of levity, that the statement to the effect that three-fourths of the physicians graduated annually are incompetent and should not be permitted to practise "is all poppycock," to make use of the terse and eminently expressive utterance of a distinguished physician, at the meetings, respecting the assertion that evil results, such as insanity, may follow the excessive smoking of cigarettes.

That's the talk! We would like to know, by heaven! how long this indiscriminate

vilification of our profession is to go on, from the men in our midst—the men who are seeking our support.

---

Life is a mission. Every other definition of life is false, and lead all who accept it astray. Religion, science, philosophy, though still at variance upon many points, all agree upon this, that every existence is an aim.  
—Mazzini.

### NOT A MEDICAL SECT

Occasionally we get letters from doctors urging us to form a new medical sect, or from those who assume that "alkalometry" is already a "school" apart. Not long ago we received the business card of a physician who was advertising himself as "practising all schools," including "allopathy, homeopathy and alkalometry." Such things are not only absurd and at times ludicrous, but they place us in an altogether wrong light.

We have said it many times before but here repeat again: We have no intention, and never have had, of founding a new sect. Perhaps you have noticed that for some months we have rarely used the convenient, exact and distinctive terms, "alkalometry" and "dosimetry." The reason is, that we do not wish to be misunderstood. We feel, as we always have felt, that it is enough to be "doctors," and that in the conscientious practice of our profession we should seek for and use the best possible means and agents in the treatment of the sick. This has led us to the employment of the active principles and to certain modifications of practice. But we abhor the idea of separatism. *Down with the fences!*

This does not mean that our faith in the greater efficacy of the alkaloids and active principles is weak. Rather, our faith in this form of medication is constantly increasing, so much so, in fact, that we believe it has within itself an appeal to all schools, to regulars, homeopaths, eclectics—even to osteopaths. The differences between the sects will not be solved by further discussion of the law of similars, nor by greater emphasis upon specific

medication. It will come when the remedial agents used by the physician, whatever the school in which he was trained, are of acknowledged purity, accuracy and efficiency, and when doctors have learned to use them intelligently with a clean-cut conception of just what they will do and what they will not do.

We believe that active-principle practice is destined to be the great unifier—that instead of driving members of our profession farther apart it will bring them together. This is the end to which we are working, and if it will contribute to a better mutual understanding and help things along, we are perfectly willing to give up any terminology that, by any possibility, can stand in the way.

#### ON LYING

Since the finger of God wrote on the stone tablet at Sinai the words, "Thou shalt not bear false witness," there has been a consensus of condemnation against the sin of lying. But as to just what constitutes a lie, is not always certain. Take for an example the item originating in the *Illinois Medical Journal*, and urged by some mysterious (?) force making its appearance in similar form in a succession of other medical journals, generally those closest in harmony with the A. M. A. management. We will analyze some statements of this curiously "snaky" item:

"Owing to the remarkable statements of a certain St. Louis surgical writer, a number of members of the profession have been using this form of anesthesia" [referred to in the title as scopolamine-morphine]. If this does not refer to Lanphear we ask who else can possibly be meant? Show us where Lanphear ever advised scopolamine-morphine anesthesia. He, as well as Abbott, strenuously denies the identity of scopolamine and hyoscine, as presented in the markets, and warns against the use of it. Whether pure scopolamine and likewise pure hyoscine are alike therapeutically is not the question; and even that is by no means so universally

admitted that one may speak on that assumption without deceit. But the market varieties are so widely asunder that no one can truthfully speak of them interchangeably as two articles by name but one in substance.

The same assumption and sly garbling of facts is continued when Wood's statistics relating to scopolamine are quoted and applied to hyoscine in these words: "In comparison with one death in 15,000 from ether, hyoscine-morphine anesthesia becomes a veritable slaughter." In view of the fact that not a solitary death has as yet been reported from the use of "hyoscine, morphine, and cactin compound" (H-M-C, Abbott) the anesthetic advocated by Lanphear, the only slaughter evident is of the truth.

Next we have the quotation from Wood, here adopted as true, that the combination for the production of surgical anesthesia is scientifically irrational, and in 69 per cent of the cases has been unsatisfactory. Applied to hyoscine, morphine and cactin, as is squarely stated (except for the thin disguise of omitting Lanphear's name) in this item, these statements are untrue. Even as regards the use of chemically pure scopolamine it is false, for this has been used with success by Gauss and by Krönig in 1,000 cases each, without a death from the anesthetic.

To assume the identity of pure scopolamine and pure hyoscine, which *may* be true; from this to assume the identity of these agents as presented commercially, which *is not* true; to apply to the use of *pure* hyoscine with morphine and cactin the reports from the use of *impure* scopolamine *without cactin*—would you call that lying? Perhaps not; but is it that impartial, truth-seeking spirit that should dominate people discussing matters of scientific import, or the work of partisan, seeking by dexterous perversions and suppressions of parts of the truth to make out a case for his side, without regard to the facts? Is it the truth, the whole truth and nothing but the truth, so help you God?

Is hyoscine, morphine and cactin compound murderous?

Up to this writing, May 1, there have been placed into the hands of the medical profession of America and abroad more than 450,000 of these tablets, and not a single death from their use has been reported. In the light of this fact it seems to us that the honorable gentlemen approach perilously near the precipice of terminal, logical inexactitude!

---

Carry yourself with a self-confident air, an air of self-assurance, and you will not only inspire others in a belief in your strength, but you will come to believe in it yourself.

---

#### DR. BUTLER'S DETECTIVE TALES

---

In various Sunday papers in different parts of the country (*The Inter-Ocean* in Chicago) a syndicate is publishing a series of detective tales, by Dr. George F. Butler. As a medical litterateur Dr. Butler has shown himself possessed of a talent too rare to be neglected, and we are personally glad he has got into pure literary work again. We would willingly have spared almost any of our exchanges, rather than meet such a loss as we felt when *How to Live* went up in the flames of our great fire.

Taking his text as "truth is stranger than fiction," Dr. Butler has made his first tales dependent on some remarkable medicolegal cases. His characters are exceptional but real, and depicted with that keen insight that comes from a knowledge of human nature possible only to the physician. We mean a real physician, not one of the Conan Doyle type, who depicts his hero as injecting morphine in his hours of idleness and quitting the seductive drug as soon as he has an interesting case on hand! So easy! Of course it must be all right, for Doyle is a "doctor;" and many a drug fiend has that bit of professional ignorance made.

Dr. Butler's tales are of absorbing interest; they are life-like because founded on true occurrences for the most part, and those wholly imaginative are still with a basis of facts, simply recombined for the sake of the story. The literary execution is su-

perior to any of the detective series appearing of late, and we think is equalled by none excepting Poe's. The only drawback is that these appear at a time when the appetite of the reading public may have been to a degree satisfied by the numerous detective tales published in the last ten years. However, those who should know say that a really good story of this sort is as eagerly received as ever. These are too good for burial in newspapers and we trust they may be seen in book form.

#### ABORTING SPECIFIC DISEASE

---

In *The Therapeutic Gazette* for April is a suggestive editorial, devoted to the above topic. The writer takes up the consideration of a paper by French in *The Boston Journal*. The possibility of aborting acute diseases was firmly believed in until the discovery that these were not simple inflammations, but of microbic causation. While our predecessors may have been too enthusiastic about their ability to abort infections, we may be, as Hare says, too pessimistic. "It is beginning to be recognized that remedial measures may so influence the body as to stimulate its abilities to cope with microbic invasion."

Three years ago the writer of this editorial published in *The Gazette* a research in which it seemed to be pretty well proved that the administration of alcohol in proper medicinal quantities in the course of prolonged infectious diseases distinctly increases the ability of the body to destroy infecting microorganisms—in other words, it seemed to materially increase the bacteriolytic power of the blood. The writer next mentions the action of quinine in the early stages of colds and influenzas, distinctly modifying or aborting the disease, especially if the salicylates are also employed in the latter malady; also the effects of quinine in malaria, salicylates in rheumatism and mercury in syphilis. The exact *modus operandi* still awaits demonstration, the facts are admitted.

That nature herself aborts disease is the experience of every active practitioner. Pneu-

monic crises not infrequently appear by the third day. There is no proof that these are mild infections and not successful oppositions offered by the vital resisting powers. Many coryzas are certainly aborted, and "we firmly believe that all coryzas are distinctly infectious in their nature." Diphtheria can certainly be aborted if the natural powers be aided by antitoxin.

The body possesses a host of protectors. Sometimes it is antitoxin; at others the blood serum destroys microorganisms; at still other times the battle is won by the phagocytes; and these may all join in the defense. Large capillary areas destroy toxins, in the liver or in the muscles. Specific inflammations occasioned by many microorganisms are accompanied by accumulations of leucocytes and phagocytes, and large quantities of bacteriolytic serum, which flood the affected area and destroy the invaders. Common observation has taught us to recognize in some a higher power of resisting infections than exists in others. All these facts seem to point to the conclusion that it is possible by remedial measures to aid the system in aborting specific diseases.

Without discounting in the least the value of laboratory work, every practitioner knows that if limited to means based on scientific research his ability to treat disease would be very limited. It is our duty to study these matters, and try for more accurate and less empiric results than we now possess. Look for a scientific basis, and until found, employ measures proved useful until a scientific explanation may be furnished. In conclusion the writer quotes approvingly French's well-chosen words: "Is it not better to admit the possibility of improvement, and then go to work with all our might to make the possibility a reality, instead of spending our time in crying out, 'It is impossible, it is absurd, it can not be done'—a cry which has been uttered in the face of all progress since time began."

Good for Hare! He is too active and brainy to be stifled by pessimism, even in Philadelphia. Meanwhile we active-principle men will just go ahead and jugulate

diseases until the rest find that it can be done.

French's fine paper and Hare's editorial show that the tide has turned. A year ago such a paper could not have found admission to the staid old *Boston Medical and Surgical Journal*—we were amazed when we saw it there. But Boston will take up a new thought far sooner than Philadelphia, or any of the other great centers.

---

There are loyal hearts and spirits brave,  
 There are souls that are pure and true;  
 Then give to the world the best you have,  
 And the best shall come back to you.  
 Give love, and love to your heart will flow—  
 A strength in your utmost need;  
 Have faith, and a score of hearts will show  
 Their faith in your word and deed.

—M. S. Bridges.

---

#### HAEC FABULA DOCET—?

---

Once upon a time there were two big manufacturers of quack medicines. These men filled the newspapers and magazines with their advertisements, exhausting all known methods and devising new ones to persuade people to take medicines, without first going to a doctor to ascertain if anything were the matter with them, and if so, what it was, and what was the best thing to do under the circumstances. And because many people are very great fools and like to dose themselves with one hundred and ninety dollars' worth of drugs to save paying a dollar to a doctor, the two quacks sold much medicine and waxed very wealthy, waxing their customers well at the same time.

Nevertheless, although wealth flowed in on them like a mill-race, these two men were still dissatisfied. It was not wonderful they could not sleep at night, both being so crooked they could not lie still; but even while booming around the country in their automobiles they were nervous and worried because a few people still had resort to the doctors. This thought became so unbearable that they concocted a scheme to put an end to it, and this was their plan: They formed a company to supply medicines to these doctors whom they had been

plundering for years; and the bait they offered was a price far below that at which honest goods could be honestly made and sold.

Under such circumstances it was obvious that their prices could not be made, except by reducing the quality of the goods, hiring cheap labor to manufacture them, or cutting off the profits of their sale. Since the doctor's failure to benefit his patients meant dissatisfaction on their part, and the probability that the patient would then resort to the advertisers, it seems perfectly obvious that the latter's interest lay in furnishing the worst possible medicine to their competitors, against whom their whole business interests were directed. If we had a four-year-old child who could not tell whether under such circumstances the quality of the drugs or the manufacturers' profit was cut, we would take him right down to the lake and drown him as hopelessly imbecile.

Now, would you believe that doctors actually bought this stuff?

When I don't know whether to fight or not I always fight.—Nelson.

#### MISTAKES IN THE NATIONAL FORMULARY

The A. Ph. A. has issued a list of sixty errors in the text of the National Formulary, as well as three reconstructions of imperfect formulas. These relate to such matters as the substitution of ounces for drams, citrate for tartrate, 456392 for 456.392, etc.

Now the question comes up, what are Chase and Jones going to do about this? To accept these corrections before the Council of Chemistry and Pharmacy has approved is putting another authority above said Council and Formulary, and acknowledging their fallibility. Perish the thought! Better a thousand deaths than such an admission. Once begin such a heresy and where is it going to stop? Every physician and every druggist will claim the right to make corrections and alterations and interpretations, and all uniformity and discipline are at an end. We hope to see these gentlemen at once rank themselves on the right

side and come out manfully for the acceptance of the literal wording of the Formulary, without the slightest deviation.

#### EDDYISM DECLINING

Ten years ago the Eddy doctrine of wholesale, indiscriminating condemnation of all drugs, good and bad, and the use of any and everything instead, seemed to have pervaded the entire profession. So far had this fashion been pushed that several medical schools had actually abolished the chair of therapeutics, leaving the student to pick up some chance crumbs of information concerning the nature and action of drugs and their clinical applications from the lectures of pharmacy, materia medica and clinical medicine. It was nobody's business to teach what drugs accomplish in the body, in health and disease, so that the practitioner could intelligently apply them in his life-work. The knowledge of the derivation and chemistry of a drug, its pharmaceutical manipulation, and the recommendation to employ it in certain diseases, left the student still ignorant of its effects and the indications for its exhibition, the evidences of its desirable effect and when to stop it. Theoretically this could be taught by the professor of clinical medicine—but you know how much of it he pours into those last few hurried minutes as his hour draws near the end.

Believe this? Just turn to your textbooks on therapeutics and ascertain from them a few of the elementary rules of drug-giving. Take those pharmaceutical idols, the U. S. Dispensatory, the Pharmacopeia and the National Formulary, and get from them a statement concerning the ten drugs you most use—simply how long it is before each commences to act, when the maximum effect is manifest, and how long this effect endures. You can not use them intelligently unless you know this. Well, you don't find them. Suppose you desire to exert a relaxant influence over a continuously hypertonic vascular system—the drug-action must also be continuous—you must approximate the action till it reaches exactly

the point you see to be desirable, and sustain it there for an unlimited time, with comfort and no ulterior injury to the patient. Do you get this information from these beloved idols? When you do, please let us know. As soon as you begin to investigate this matter you will be impressed with the shocking neglect of drug therapeutics that has prevailed, and the dense ignorance concerning it of the men who are shouting that there is no treatment for anything except the special forms they happen to employ. Knowing nothing about the uses of drugs, they assume that these remedies possess none.

When we begin to study the powers residing in drugs, and to realize the possibilities therein existent, we are amazed at the blindness and folly that is being manifested by the profession. Possibly, after a few more such examples as the hyoscine, morphine and cactin combination have been presented, the doctor will begin to wake up.

#### AND STILL PROSPERITY

In spite of the croakings of the pessimist the flag of prosperity still waves. True, there has been a flurry on Wall Street and some shrinkage of paper values of railroad stocks, but outside of speculative circles no one has been hurt. Just now there is a good deal of excitement in the wheat pit in the Chicago Board of Trade. There are continued rumors of a shortage of this important cereal, and its price has soared, once or twice exceeding the dollar mark. Some fortunes have been made on 'change—many lost. But inasmuch as this shortage is worldwide and affects America even less than it does many other countries, it is by no means an ill-omen. The farmer will have fewer bushels of grain to handle, but he will get high prices for all that he does have. It is even asserted that this shortage is a benefit rather than a harm, since a second bumper crop, such as we had last year, would entail a period of ruinous prices.

Meanwhile there is work for all those who want it. Money is plenty. Our mills are

running at their full capacity. Steel is said to be the barometer of trade, and our great steel plants are six months to a year behind with their orders. A horde of new immigrants keeps pouring across the Atlantic, and all of them are quietly and ceaselessly absorbed in the insatiable maw of our industrial and agricultural life. As a news item puts it:

"There are now on the ocean and will arrive in New York as many newcomers to this country from foreign lands as there are people in Denver, Colo., and almost as many as there are people in Indianapolis, Ind.; Rochester, N. Y., or half a dozen other important cities that are looked on as centers of population. Within the month of April there have been unloaded from immigrant ships more than a hundred thousand strangers who have come to make their homes in this country, and before the month is passed the number will be swelled to more than one hundred and fifty thousand."

There is no better index of the tremendous vitality and wonderful prosperity of our country than the ease with which this cosmopolite horde of varying human potentialities is digested, absorbed and made over into American citizenship.

Where is the doctor's share in this prosperity? Some are getting it, more are not. Failure is not due to opportunity, for the chances for advancement all along the line were never greater. Opportunity does not "knock but once at each man's door," as the poet says. Right now she is hammering an anvil chorus, and if he does not hear, it is because he is slumbering along under the influence of those time-honored soporifics, prejudice and routine. Wake up! Look about you, and seize upon every opportunity for your professional improvement and your financial betterment. It is your duty to your patients, to your family and to your own best self to arouse every latent force and undeveloped brain-cell, and to seek expansion. Be not too much swayed by authority. Let your own reasoning govern instead of another's.

This prosperity is the doctor's—if he will. Many a man has found his “acre of diamonds” in alkaloidal medication. If another, why not you? In any event, it is your duty to seek ceaselessly and investigate untiringly every means for the cure of disease; to study the economic causes of your undoing, going to the bottom of patent-medicine evils and nostrum abuses; to inquire anew the relation of pharmacy and medicine, that the partnership be not a one-sided one; to stand by friends, lending no comfort or support to your enemies, in whatever guise they may appear; to be a *man*, big-hearted, generous, optimistic, brave! Do these things, be these things, and you will rejoice with us in these “piping times of peace.”

---

Some one asked Thomas A. Edison, “Don't you believe that genius is inspiration?” “No,” he replied; “genius is perspiration.”

---

#### DRUGS THAT AID LABOR

In *American Medicine* for April, J. E. Davis contributes a paper on the value of the drugs used to assist labor. Three classes are made, those that cause tetanic uterine contractions, like ergot, hydrastis, gossypium, etc.; those producing normal contractions, like kola, quinine, cimicifuga, glycerin and sugar; and the general systemic tonics, stimulants, eliminants, narcotics and anesthetics.

The therapy of labor should correspond with its physiology. Increasing uterine irritability with intermitting contractions may be aided by drugs of either class. Full doses of ergot cause tetanic contractions, small doses induce the normal intermitting contractions.

When normal contraction has commenced it may be strengthened by quinine, grs. 10; fl. ext. kola, mins. 30; sugar, oz. 1; or fl. ext. cimicifuga, one dram. This may be due to stimulation of the uterine motor centers in the medulla.

Glycerin injected high up between the ovum and the uterine wall causes changes in the decidua, osmosis and irritation, inducing smart contraction.

Relaxation of the cervix can be induced by anesthetics, or by cocaine or belladonna locally. When the upper uterine segment is in condition and the lower segment remains unyielding, anesthesia pushed to the second stage will compel or assist dilation. Such disproportion may be found in the first stage of labor, especially in neurotics, and labors commencing in the late evening or early night. Morphine or chloral meets the need; 10 to 15 grains of the latter in half a pint of hot milk will afford the night's rest, while the cervix dilates. On awaking, a cup of strong coffee, any stimulant and exercise, will establish effective pains. If pain is prominent, morphine should be added.

General anesthetics are applicable when undue haste threatens the tissues with laceration. These, and hypodermics, may be expected to manifest their effects within five minutes. Given by the mouth, ergot, quinine, etc., show effects in fifteen to forty-five minutes, reaching full physiologic action in one to four hours. During labor the time varies greatly.

As to the tetanizants, the majority withhold them until the uterus is empty, many advocating ergot as a routine as soon as the third stage is completed. Hirst gives this as soon as the child's body is born; but how can a drug requiring at least fifteen minutes for beginning effect restrain the hemorrhages that usually occur within that period? This does not apply to the hypodermatic injection of ergotin. Doses of 10 minims of fluid extract of ergot every hour or two assist normal contractions and do not endanger tonic contraction during labor or perilous relaxation after the third stage. On the other hand, small doses of quinine, cimicifuga, etc., lessen reflex activity; to secure full effect give 10 grains of quinine early. But in his concluding sentence the author reports an alarming postpartum hemorrhage from a 20-grain dose of euquinine.

The paper is admirable. Rarely do we see such sensible and specific suggestions formulated. More frequently the therapy is dismissed with the casual remark that

some observers "have thought they derived some benefit from some drug." The precision as to doses and time of action is worthy of special commendation, and imitation.

---

#### A QUESTION OF MANUFACTURING ETHICS

---

We have several times stated our position on the matter of "making dope for quackery." Evidently the subject will not down, for it keeps bobbing up in the most unexpected places and the most inopportune times. The physicians of the country are beginning to ask embarrassing questions and some of the manufacturers are showing signs of an intention to square themselves on this matter—as they should.

We are, however, surprised that some of our most ethical friends, men who are posing as in the forefront of all efforts to kill off the wicked proprietaries (this meaning all except those of foreign extraction and those made by an extremely exclusive list of "our great, reputable manufacturing houses") have side-stepped this question with almost an excess of caution. How, for instance, does the *Association Journal* stand on this matter? How about Jones of the *California State Journal*? Why not give us at least an expression of opinion?

We have been favored with philippics galore concerning the traffic in nostrums, "patent" and "proprietary." Any firm which places these things on the market and advertises them, is visited with the severest outpourings of official displeasure, and quite properly; but the firms which actually manufacture them and which realize an enormous profit in so doing, and those which pass them out over the counter, are—*whitewashed*! I don't see how we can fairly call it anything else. The methods of argument used to excuse one participant in a traffic which is acknowledged to be dishonest, dangerous to the public health, often infamous, while condemning another participant are Jesuistic, to say the least. If the liquor traffic is morally wrong, it is wrong all along the line. If it

is wrong to keep a bawdy house, it is wrong to rent a building for such a purpose as well as to traffic in the misfortunes and infirmities of the weak and vicious. Certainly, if it is wrong for people to use habit-forming and vice-producing patent medicines, it is wrong for any one to make, market or sell them. Furthermore, neither the manufacturer nor the druggist who does these things has any special claim upon the doctor for consideration. And yet we are being appealed to, cajoled, urged and commanded to give our business to these "great reputable houses" which are robbing us by serving our enemies, the dope-peddling quack, and to send our prescriptions to drugstores which are catering and often are actively accessory to self-medication of the worst kind.

Now, really, what more is there to say? What defense is there to be made of these things, and *isn't* the doctor that patronizes them several sizes of a chump?

---

If anything is sacred, the human body is sacred. And in man or woman, a clean, strong, firm-fibred body is more beautiful than the most fascinating face.  
—Elbert Hubbard.

---

#### HYOSCINE IS ONLY A SAMPLE

---

For a number of years we have been earnestly endeavoring to tell the medical profession something of the inestimable riches lying as yet undeveloped in the vegetable materia medica. We have compared the crude drugs to crude ores, believing faithfully that the comparison is absolutely just, and that the uses to which the active principles of plants may be put therapeutically are as far superior to those obtainable from the crude drugs as the uses of iron, gold, silver and copper excel those of the metaliferous ores.

At last we have an illustration which is arousing the profession to a realization of the literal truth of our comparison. The entire profession is awake to the wonderful powers for good obtainable from hyoscine, alone and in combination with other pure active principles. This development has been made possible by the following facts:

In the first place we have uniformly acting agents with which to work, agents from which the same effects invariably follow when given in the same conditions. This has rendered possible thorough and accurate experiments by which the action of these agents is determined as absolutely as the state of physiologic knowledge permits. The exactness of the results thus obtained enables us to use and combine these active principles with a precision never dreamed of in medicine previously.

The triumph of hyoscine, morphine and cactin, combined in a scientific manner, is one of the first fruits of our work. How many more gems of priceless value await the prospector in this field? The best of the matter is, that no costly laboratory and exceptional training are required for such work. The field is the sick-room, the worker is the clinician, the general practitioner, trained by years of observation for exactly the work which is now demanded of him.

---

I earn that I eat, get that I wear, owe no man hate,  
envy no man's happiness; glad of other men's good,  
content with my harm. —As You Like It.

---

#### WHAT SHALL WE PRESCRIBE?

---

*The Medical Fortnightly* comments editorially upon the resolutions which are now being introduced in different medical societies all over the country, to pledge their membership to prescribe only remedies which appear in the U. S. Pharmacopeia and the National Formulary. *The Fortnightly* points out very clearly the sweeping and dangerous character of such a movement which proposes, in reality, to condemn not only the evil but many things which we all know to be good. It believes that many who vote for these resolutions and presumably advocate their passage "have habitually and persistently prescribed proprietaries" and doubtless "will continue doing so." This is not conjecture simply, it is demonstrable truth.

The editorial continues as follows:

"We have no objections to the U. S. Pharmacopeia and the National Formulary,

they are excellent books and founded on ideas splendidly conceived, and every doctor should possess himself of them and become familiar therewith; but that does not mean that there are not a great many splendid remedies and combinations which do not appear in either. The strong argument for some of the proprietaries is the fact that their formulas appear in the Formulary under another name; the Formulary product in fact is not infrequently a very inferior-looking substitute and does not give one confidence that it can by any possibility be as effective or elegant as the remedy in whose stead it is masquerading. But we do protest against any society's attempt to force our therapy along any particular groove. We are thankful that the profession has been so signally served in the matter of unscientific and harmful proprietaries; what has been accomplished has been a tremendous service to the profession and to humanity. But there is a place and time when wisdom calls for a halt. No one wants the profession in its organization to be a trust, nor will the profession stand for therapeutic dictation of an arbitrary character unless it is backed by such evident wisdom as is not forthcoming in the wholesale condemnation of proprietaries.

"In the days when we were debating the study of medicine we consulted one of the men who made ours an honorable profession, and to whom the profession looks with deepest respect and the laity with almost reverence; he told me that medical science knew neither race, creed nor aristocracy; that the strong must ever be ready to learn from the weak, and the rich from the poor; that no one ever did or ever would know it all; that the strength of the body lay in interdependence in things of minor importance and within the limits of established scientific dicta and individual independence in other essentials; that each man in science had an absolute right to his own opinions, and a right to follow their lead so long as he offended against no scientific law. It seems to us that it lies with each man to

settle for himself whether he will write prescriptions or dispense his own medicines, whether he will prescribe a proprietary or some other therapeutic agent. Many are using static electricity largely for its tonic effect. We know able men who say it is absolutely useless, but no one thinks of trying to make either adopt the methods of the other, yet there is just as much sense in a board's "sitting on" the static machine and ordering its use discontinued as there is in a similar commission's objection to many reliable proprietaries."

With all this we absolutely agree. These attempts to tie the hands of the doctor, to prevent him in any way from using in every case the remedy which he believes to be the best in that case, thereby crippling his efficiency and limiting his power of initiative, must cease. Enlighten him; aid him in every way you can; where he is doing things in the wrong way, show him a better; but in the name of heaven let us have none of these labor-union methods of forcing men into line with the opinions of the professional agitator. We hope our profession is not to descend to the level of the hod-carriers to be ruled by the "walking delegate."

#### AMYL NITRITE AS A HEMOSTATIC

In *The Lancet* Francis Hare discusses Abrams' hypothesis as to the action of amyl nitrite as a hemostatic in pulmonary cases. Abrams explains this as due to the effect of the vapor in stimulating the vagus ends in the nasal mucosa, causing reflex contraction of the longitudinal muscular fibers in the bronchi and expressing the blood from the pulmonary parenchyma. But such reflex action is unnecessary, since Pic and Petitjean found that when the amyl was injected into the femoral vein the lung was rendered so anemic that not a drop of blood escaped when the organ was incised. Besides, glonoin, given by the mouth, has proved no mean substitute for the amyl inhalation. (The assertion that these two agents are not interchangeable appears to have been made to sustain the reflex stimulation hypothesis.)

The hemostatic action of amyl on uterine hemorrhages Abrams attributes to stimulation of the uterine muscular fibers with secondary constriction of the blood-vessels. No such action on the muscle has yet been postulated. How could it explain the action of amyl on the hemorrhage following removal of parovarian cysts and accompanying rupture of the sac in ectopic gestations?

The one sure action of amyl is the general vasodilation it occasions, with fall of vascular tension and rapidity of heart action. All other effects are supposititious, as, e. g., the relief afforded in asthma, which has been attributed to relaxation of the bronchial muscles. The dependence of these paroxysms on bronchial muscular constriction is, however, unproved (and unlikely as a universal rule).

The important practical points here are the unquestioned control of amyl nitrite over pulmonary and other hemorrhages, and the identity of its action with that of glonoin. Can we attribute to this general peripheral vasodilation such a tremendous influence on the lesser pulmonary circulation as to account for the fact that "not a drop of blood exudes from the cut surface?" We feel impelled to say with Abrams that such extreme action indicates a direct vasoconstrictant action on these pulmonary vessels; and these, be it remembered, comprise the capillaries of the bronchial arteries derived from the aortic circulation as well as those of the pulmonary arterial system. The same applies to the action of atropine in directing the blood to the skin and impounding it there—it looks like an active, not a passive process. Nevertheless, who has measured the elastic contractility of the pulmonary capillaries—or rather the dilatability of the cells forming the periphery of these intercellular vascular spaces according to Meigs? If glonoin at the same time relaxes the peripheric arterioles and the pulmonary cell-walls, the action is uniform and we escape from the difficulty of figuring on the same agent causing relaxation in one place and contraction in another.

Meanwhile—give glonoin to instantaneously relax vascular tension and stop hemorrhage, and atropine to sustain and prolong this action—and we have here the most rational and successful treatment of hemorrhages beyond the reach of mechanical restraints.

---

The solid, solid universe  
Is pervious to love;  
With bandaged eyes he never errs,  
Around, below, above.  
His blinding light  
He flingeth white  
On God's and Satan's brood,  
And reconciles  
By mystic wiles  
The evil and the good.

—Emerson.

---

#### THE DOCTOR'S OPPORTUNITY

In all this discussion of proprietaries and nostrums we should never lose sight of the fact that the most important consideration is the doctor's efficiency. Anything that helps to make the doctor a better doctor is good; if it takes away anything that contributes to his strength it is bad. We have defended as a class such of the proprietaries as we believed genuinely useful additions to our means of combating disease; and we shall continue to defend them; but we have ever condemned secret nostrums and dependence upon anything that is useless or dishonest. Undiscriminating criticism is what we oppose, not fair criticism supported by a convincing array of facts.

But one thing we insist upon is, that the same rigid, uncompromising criticism which is applied to unofficial remedies shall be applied to the official and semi-official. It is undoubtedly true that the average proprietary remedy of the better type is prepared with more care, is made of better materials, is more uniform to type and fully as efficacious in practice as the vast majority of the United States Pharmacopeia and National Formulary preparations, as usually dispensed at the average drugstore. It is also undoubtedly true that the average physician is just as familiar with the composition of the better proprietaries as he is with the official pills, powders and liquors.

How many, for instance, can tell the composition of compound cathartic pills, or how much strychnine there is (theoretically) in tincture of nux vomica?

Why, then, should all the vials of wrath be emptied upon the proprietaries and nothing at all be said of the variations in strength, toxicity, impotency, etc., of the galenics? Why does not the Council devote a portion of its time and energies in showing up dishonest official remedies? Heaven knows that such an investigation would reveal a state of rottenness that would appall even the honorable Council, and that would give reason enough for the prevailing therapeutic nihilism.

This discussion of our remedies is the doctor's opportunity. It must lead, it *will* lead inevitably back to the active principle. When the smoke of this discussion clears away, the profession is bound to recognize the fact that trying to combat disease with a lot of coloring matter, dirt and a jumble of heterogeneous elements, some inert, some undesired, some opposed to each other, does not constitute the scientific practice of therapy. Then we hope they will commence to search for *what really does the work* and try to learn how to use it.

---

#### WHO SHALL RULE—THE FEW OR THE MANY?

The most able presentation of the defects of the theoretical over-organization of the American Medical Association which we have seen, appears in the editorial section of the May number of *American Medicine*. We want to urge every one of our readers to procure a copy of this excellent journal and read it carefully. Simmered down, the Association is suffering from too "much officialdom," "centralization of power," the rule of the few instead of the interest of the many. It is pointed out that this centralization of power, under the in-some-ways admirable scheme of organization, facilitates perpetuation of office through the practical control of the state and national machinery by a comparatively small group

of men. Concentration of power means "concentration of temptation," and while it is not asserted that there has been positive wrongdoing, it is plainly evident that there inevitably must be conditions where duty and self-interest do not agree—and self-interest is more likely to win out when the probability of review and revision of the official's acts is small.

The editor of *American Medicine* agrees with the position that we have repeatedly taken, that the rights of individuals must be respected by the Association officials. The rank and file of the profession will not long tolerate gag rule, and it very truly says that "in spite of the natural conservatism of medical men, there is a growing discontent, a feeling that the real sentiment of the profession is not truly represented in the increasing tendency of the 'leaders' toward 'mere money-getting, monopoly and trades-unionism.'" The reforms for which a demand is made are as follows:

1. Verbatim reports of the proceedings of legislative and governing bodies.
2. Itemization and utmost publicity of financial matters.
3. Proper representation in the offices of Secretary, of Editor and of Business Manager by separate individuals, with proper compensation.
4. Nondiscretionary power of the Editor, with government by the Sections of the published proceedings.
5. The rendering impossible of trades-unionism and monopolistic methods.
6. Provision for general secret ballots upon important questions of policy by means of the machinery of the Association and its journal, through district and county societies.
7. The extension of the referendum and initiative from the optional legislative to the popular and obligatory form.
8. In order to protect apparent minorities, placing the vote necessary for both referendum or initiative upon a reasonable basis.
9. The rights of individual members must be held inviolate from attack by those in power.
10. The Association and its journal must be enjoined from entering into purely commercial competition to the detriment of its professional rivals.
11. No paid agent of the Association should be permitted to be a member, or take part in the deliberations, of the bodies governing or directing his actions or compensation.

This entire program, as so ably presented, we heartily endorse. The questions that are involved are vital to the future of the medical profession of America. Are we to

be ruled by an aristocracy, with its thinly veiled contempt for the average practical man, who is all too often held up to actual ridicule and contempt by those who should be his admirers and defenders, or shall we raise the flag of pure democracy in medicine, as in every other governing body?

This question is going to come squarely up to the medical men of this country before many years—and it may be only months. It is high time that every one of you commences to think on these things. Meanwhile, if you are not in your local medical society it is time you were, for there's where the battle must and will be fought; there's where you will decide whether you are to be recognized and treated with as men or machined into serfdom.

---

Remember that to change thy mind and to follow him that sets thee right is to be none the less the free agent that thou wast before. —Marcus Aurelius.

---

#### FIBRINOUS BRONCHITIS

The paucity of therapeutic resource in dealing with this malady lends especial interest to the report of a cure, in his own person, made to the El Paso Big Springs District Society, by S. R. Cates of Abilene, Texas. After describing the case, which had endured for fifteen years, with attacks at varying intervals, the last having continued for two years, he speaks of the treatment that finally proved successful.

"During the two years I tried almost everything suggested, and many things not suggested, with apparently little if any benefit, until I began to take hyoscyamine, with the object of diminishing the nasal secretions, which were quite abundant at times during the earlier part of the attack. I discovered that by taking enough to produce a marked dryness of the nose and throat, and continuing the remedy long enough, I could greatly lighten the attacks. Under the continued use of this remedy the attacks grew lighter until I was again free from all symptoms except a slight dyspnea on too violent exercise."

Nobody knows what may be within the possibilities concealed in the active prin-

ciples, nobody begins to suspect them except the man who has in a degree familiarized himself with these potent agencies. The profession is just now going crazy over the hyoscine-morphine-cactin anesthesin—but what else? We have been heedlessly walking over a diamond mine.

The amazing presumption, and blind ignorance, of the men who say "there is nothing in drugs!"

---

We live in deeds; in thoughts, not breaths;  
In feelings, not in figures on a dial.  
We should count time by heart throbs. He most lives  
Who thinks most, feels the noblest, acts the best.  
—Bailey.

---

#### INITIATIVE? PERISH THE IDEA

---

In Dickens' novel, "Little Dorrit," there is a description of one of Britain's revered legal institutions, which is described as the "Circumlocution Office." In this office everything was governed by precedent, and a system of procedure had been built up during the centuries of its existence that had made it impossible for original ideas to percolate into the hallowed recesses of the sacred chambers. A process involving the interests of a child, therefore, was likely to drag a wearisome way along to the period of its doddering senility. It was the invariable rule to proceed by the longest route and follow "the way not to do it."

The "Circumlocution Office" has many an imitator. Time hallows things and invests them with a certain sacredness. The older the society, the harder it is to introduce new ideas, short-cuts, practical common-sense. The marvelous progress of America has been due largely to the fact that she cut loose from authority and precedent and gave free rein to men of large ideas to work each in his own way. The demand was for results, and the man who could secure the best results in the shortest possible time was considered a public benefactor. But as our society grows older, there is a tendency to revert to the aristocratic ideas of older civilizations, and to admit progress only when it comes through the regularly established channels.

We are beginning to see this in medicine. New ideas, if they do not come from sources of acknowledged regularity and from men of acknowledged leadership, too often are sneered at, criticised and repressed. There is an aristocracy of ideas as well as of birth and money, and it is altogether too easy for men of an alleged superior type to cry down everything which does not proceed from themselves. The tendency of our great modern institutions is to intensify this intellectual caste-system. Our splendidly endowed colleges and medical "institutions" of the Carnegie and Rockefeller type are doing wonderful work, but American theories or discoveries that originate outside the pale of their direct influences are rarely given consideration in them.

The same tendency is seen in the work of our societies. They are becoming highly organized machines, more and more in the control of a few able men, who have developed capacity for "ring-rule." We do not question the character or ability of these men in most cases, but we do believe that far too often they are obsessed by the idea that nothing good can come from without their own sacred circle. Their efforts are therefore largely directed to the repression of every idea that they deem erratic and to the restriction of the intellectual activity of the membership within strictly orthodox lines. Look at the work of the Council of Pharmacy and Chemistry, which *might* be such a power for good. Is it constructive or repressive in its tendencies? Is it adding anything to the physician's armamentarium? Is it encouraging manufacturers to spend time, money and talent in the development of new remedies which may be of value, or is it aiding the imitator and substitutor? Weigh all its work carefully and tell us what you think—candidly.

The world has a wholesome need of the heretic—of the man whose beliefs are his own and who will speak them boldly. We need the man who plods along the beaten paths and with infinite pains works out the details which are indispensable to larger conceptions of knowledge; but we also need the innovator, the dreamer, the free-

thinker, who with larger view can grasp the significance of fact, cut across the broad, open fields right to the goal, long before those who are following the crooks and twists of the regular road have found out even the direction in which they are traveling.

There can be no doubt that the tendency is to repress the "innovator," and yet he stands for initiative of the highest type, the destruction of which would be a blow to the distinctive characteristic of Americanism, the factor which has done most to make our nation great. We respect and admire German research-methods, but we protest against servile imitation of the intellectual paternalism toward which in this country it is tending. We believe in the highest possible development of individualism, and that predicates the freest possible exercise and greatest encouragement of each man's talent—whoever he may be, wherever he may be!

#### APPENDICITIS

The men who aid the surgeons by presenting a ridiculously inadequate "medical treatment of appendicitis," might take some hints from this resumé of Robin's method: Despite anathemas he begins with aperients—castor oil, calomel; withholding ice until these have acted, since cold retards them. After the patient is well purged he is examined for gastric hypersthenia, which calls for "saturation powders," of magnesia grs. 25, sodium bicarbonate and sugar grs. 16 each; or codeine gr. 1, calcium carbonate precipitate and bismuth subnitrate each grs. 15. One of these is administered whenever the patient complains of any gastric discomfort. Twelve hours after purgation the bowel is irrigated. Before the ice bag is applied, the right side is anointed with a mixture of mercurial ointment, 10 drams, and extract of belladonna, 2 1-2 drams. If pain is felt it is relieved by codeine and gentian. If the bowel has not been emptied, or if irrigation brings away firm lumps, the purgation and irrigations are repeated.

Persist in the water diet and ice locally so long as any tenderness can be elicited.

The subsequent treatment aims to control fecal evacuation and to treat gastric hypersthenia by the use of sodium bicarbonate, sulphate and phosphate, by irrigations, purges when needed, the saturation powders when gastric irritation occurs, etc. Surgical intervention in special cases only. Robin shows that statistics point to a heavier mortality from surgery than from medical management; but this treatment is a special one, excluding cpiates. The immobilization of the bowels caused by the latter is well calculated to render surgery imperative.

#### GREAT FORCES: LOVE AND TRUTH

The greatest force in the world is love. The greatest movements in the world are based upon it. It is the foundation of the family, the most powerful check to vice, the noblest stimulus to work. All our philanthropies, all our great humanitarian endeavors, every effort for the good of our race, are built upon it. It is the chain which holds friends together, in business as well as in social life. The more we evidence it, the more we exercise it, the more we show that our work is based upon it, the more certain we may be of the permanence of what we achieve. The doctor who is inspired by this force will never be content with little; he will reach out to every man and to every measure that can contribute to his own strength and his own capacity for doing good. Love links together those who have at heart the things that are good, that are clean, that are honest, that are uplifting. And it is a business asset of such tangible value that no commercial house can afford to neglect it.

Another force is stupidity—the wilful or ignorant shutting of the eyes to what is going on. The fool isn't to be blamed for being stupid—he's built that way—but, in spite of the alleged-to-be elect there aren't so many fools in the medical profession. The stupidity we see most of is a sort of mental laziness and inborn tendency to opposition to everything that lies outside of

the established routine of life. It's so much easier to follow than to strike out a new path of thought for yourself. Much of the so-called authority is crystallized stupidity. Take that old text-book lie about green apomorphine being a dangerous poison. A little *practical* experience with it would prove to the satisfaction of any man that it isn't; but some distinguished pharmacologist made the statement, others followed, and now a lie has been perpetuated as truth—by all the authorities!

There are two things which can wake into life this inert mass of stupidity, and these are truth and love. It takes an iconoclast to speak the truth in all its fulness—a man who can swing clear of the strong current of established opinion; and only genuine truth-seekers will follow him. But love is after all the most powerful motive, and in this day, when the spirit of fraternalism and of mutual responsibility to and for each other is spreading as never before in the history of man, he is cold indeed whose heart is not stirred to a sense of his duty to others and by the desire to do for others everything that lies within his power. Who should feel this more than the doctor?

How can anyone who has this spirit within him refuse to investigate everything which offers him the possibility of doing greater good?

#### ANOTHER ENDORSEMENT OF "THERAPEUTIC NIHILISM"

The accompanying "ad," which appeared in all the Chicago papers last Sunday, is

really quite an object lesson. We reproduce it with some trepidation, for fear we may be accused of endorsing the "electro-vigor" treatment which this admirer of Dr. Osler presents so eloquently. However, we'll take the chances.

The particular lesson to be learned from this is, that it isn't a nice thing for a man to say nasty, derogatory things of his own

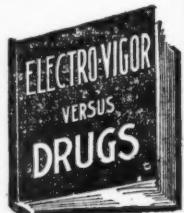
## THE FAMOUS DR. WM. OSLER DENOUNCES DRUGS!

He Condemns the System of Modern Medical Practice!



OSLER ADVISES  
DRUGLESS CURE

Philadelphia, Pa. May 11.—Here is a new code of ethics for doctors laid down by the famous Dr. William Osler:  
No doctor can cure all diseases. That's all moonshine. They are "pre-tensions."  
If you can't cure a man, tell him so. Physicians use too many drugs.  
There are only a few great drugs worth handling—I'll not name them.



The above is a clipping from a recent issue of one of Chicago's leading newspapers, referring to a speech of Dr. Osler at the celebration of the semi-centennial of the Philosophical Society of Philadelphia.

ALMOST SINGLE HANDED we have been making our fight against the DRUG MONSTER. We have spent a fortune in our efforts to educate the people in regard to this matter—to point out the EVILS of this practice of DOING THE STOMACH WITH DRUGS for every ailment of the human body, and in making this SWEEPING CONDEMNATION OF THE DRUG HABIT, we have offered the people a remedy infinitely better in restoring HEALTH and STRENGTH, and that is ELECTRO-VIGOR—GALVANIC ELECTRICITY—infused into the body in the proper manner. ELECTRO-VIGOR is the outgrowth of years of study and experiment, in applying Electricity—this wonderful curative agent—to the body in the treatment of WEAKNESS and DISEASE—a remedy founded upon the great SCIENTIFIC FACTS that every function of the body—the action of every organ, is dependent upon NERVE POWER and that nerve power is nothing more or less than ELECTRICITY in the nerve cells, and we have proved the soundness of our doctrine time and time again by taking patients who had SOAKED THEIR SYSTEM FOR YEARS WITH DRUGS WITHOUT BENEFIT and curing them completely and permanently with Electro-Vigor—without the use of a drop of medicine.

THE WORLD MOVES; so does Dr. Osler, one of the greatest medical authorities of the age; so does the UNITED STATES CONGRESS—nowhere—and in viewing this great speech of Dr. Osler, condemning the modern wholesale use of drugs, extracts from which appeared in all the leading newspapers, and the recent bill passed by CONGRESS compelling the manufacturers of PATENT MEDICINES to disclose the contents of their packages, we see the dawn of a new day—the light of reason and common sense beginning to break through the darkness and fog of popular ignorance respecting the value of drugs as a remedy. SAYS DR. OSLER: "I BELIEVE THAT WITH FEWER DRUGS A MAN CAN MORE SUCCESSFULLY PRACTICE MEDICINE." \* \* \* "THE PRACTICAL SIDE OF CARING FOR THE SICK IS LEFT TO THE HOSPITAL NURSE, WHILE THE MEDICAL STUDENT IS LECTURED ON THEORY." \* \* \* "WITH BENJAMIN FRANKLIN, I BELIEVE THAT THE BEST DOCTOR IS THE ONE WHO KNOWS THE WORTHLESSNESS OF MOST MEDICINE."

Let them fight it out. EVERY LITTLE BIT HELPS in advancing the popular attention to drugs, and while the doctors theorize and speculate, we are doing grand work with our Electro-Vigor—MAKING THE CURES. Witness what some people say who have used it. The people are turning to the logical remedy—GALVANIC ELECTRICITY.

Mr. F. Johnson, 4121 Maple St., Chicago, Ill., writes: "I used Electro-Vigor and it cured me of all my troubles and brought me back to health."

Mr. Wm. Hunter, 1111 North Dearborn St., Chicago, Ill., writes: "I used Electro-Vigor and it cured me of all my troubles and brought me back to health."

Mr. James McDonald, 1017 1st Ave., Ill., writes: "I used Electro-Vigor and it cured me of all my troubles and brought me back to health."

You need our book that sheds light upon the value of ELECTRO-VIGOR and the worthlessness of drugs. We want you to send for it if you cannot call and see us. We will mail it FREE, if you send 10¢ coupon. If you are suffering from NERVOUS DEBILITY—WEAKNESS—PAIN IN YOUR BACK—LOSS OF MEMORY—RHEUMATISM—NEURALGIA—SCIATICA—LUMBAGO—if your VITALITY is weakening—you need Electro-Vigor, to build you up, to relieve your pains and aches. Save your stomach. Stop taking drugs—use Electro-Vigor.

Dr. C. H. Hall Electro-Vigor Co.,  
111 Adams St., Chicago, Ill.  
Write for Free Book. (In 10¢ coupon)  
Name.....  
Address.....  
City.....  
State and Co. with 10¢ in 10¢.

profession, especially when they are likely to be widely reprinted in the newspapers and arouse in the minds of the laity the suspicion that medicine is a pretense and a sham and doctors as a rule a lot of grafters. The chickens will come home to roost. The loss of faith in medicine means a new crop of quacks. It is directly responsible for all the "fads and follies" which are robbing the doctor; and, furthermore, it isn't justified

by facts. Medicine was never so strong or so fertile in resource as it is today—and this is but the dawning of the new era, when medication will be vastly more accurate, scientific and effective than it is now.

We advise Dr. Osler to talk less for public consumption and put in a little of his leisure time, from the arduous duties of his regius professorship, in studying *real* therapeutics.

#### THE AMERICAN MEDICAL EDITORS' ASSOCIATION

Of all the meetings which cluster around the annual gathering of the American Medical Association none leaves a pleasanter recollection than that of the American Medical Editors' Association. Particularly is this true of the meeting at Atlantic City just closed. We shall not try to reproduce the program or tell you all the good things we heard; fact is, it was all good, with hardly a jarring note. When the editors get together, the order of the day is *business*; there is no clap-trap or mere writing or talking for effect. These men have ideas and what they say is well said and worth listening to. Not ideas only—ideals!

Not first on the program but first in our memories and hearts is the presidential address of Major James Evelyn Pilcher. It was eloquent, optimistic, stimulating, uplifting—a scholarly appeal for a nobler manhood as well as a cleaner, more influential journalism. Especially worthy of note was Sajous' resumé of his epoch-making work in physiology—work that promises to mold the therapeutic thought of the future. But you shall hear of that later. Then there was Ball's story of "The First Medical Journals," a veritable history of our craft, and MacDonald's enlightening sketch of the "past, present and future" of the Medical Editors' Association, in which we learned that many of the great medical reforms, even that anent "nostrums," had their inception in our Association. The "Few Feeble Remarks" of Dr. Young of Toronto were not feeble but strong—suggestive, practical, witty.

And so we might go through the list. The whole program was one to be proud of.

Much important business was transacted. The Editors' Association is being knit into a strong, homogenous body, prepared to do effective team work—and that's the only way to accomplish things. It is growing very rapidly. About sixty new members were added, among them the editors of a number of state journals, all of whom we are glad to have and hope some day to have with us, including the staff of the J. A. M. A. It now counts among its members the representatives of more than one hundred and thirty journals, and considerably more than two hundred individuals.

The banquet of the Editors' Association at the Marlborough-Blenheim on Monday night was the event of the week. President Pilcher was the toastmaster—an admirable one. We had a glorious time. There was just the right admixture of the grave and gay, of things to make one think and other things intended to spare us that necessity. We were all glad to see and hear Colonel Gorgas, the man who has made the construction of the Panama canal a possibility through his wonderful sanitary work on the Isthmus, now properly a member of the Commission. The Navy was ably represented by Medical Director Simon, while Dr. Sajous of Philadelphia told us the inside history of the evolution of his great Idea. Jones of Minneapolis spoke for the "organization" medical press, while Brickner—now really, Brickner, we didn't know it was in you! His journal, the "Gewalt," was simply a "peach"—from kiver to kiver. Wittiest thing we ever heard; that's what every one said. The "letters of regret" which he read from President Roosevelt and Mr. Dooley were unspeakably funny. Then there were other clever speeches, impromptu, from President-elect C. F. Taylor of *The Medical World*, Coe of Portland, Young of Toronto, Marcy of Boston, Wallace of Chattanooga, Lewis of New York, and others, while we ourselves just couldn't keep still.

Great credit belongs to our retiring president, Major Pilcher, whose untiring work,

unceasing courtesy and general tactfulness have done so much during the year that has passed to build up and strengthen the Association and to dissipate any little animosities that from time to time might bubble to the surface. Nor should we forget the most efficient and unselfish work of Dr. MacDonald, who has been secretary for several years. The Association owes him much.

The American Medical Editors' Association is just beginning to grow. The period is one of new birth and higher ideals. We believe that as it becomes stronger and is able to systematize its work more carefully it will have a still greater influence upon the current medical literature of our country. It should be and we believe it is representative of not one class of medical journalism only, but of all classes; not simply of the independent medical press but of the entire medical press of the United States. And as one of the units in this organization we shall be happy to give the "glad hand" to every honest, fair and square man who will come in with us and work with us in everything which tends to the up-building and improvement of this special and important branch of our professional life.

#### THE A. M. A. MEETING

This year's meeting of the great Association was held at Atlantic City, the first week of June. It was a large gathering, though the total registration did not reach that of the Boston meeting. The details of the scientific work will appear in all the medical weeklies and so it need not be described here. The weather was fair, and visitors got some notion of what the seaside capital is like at its best. Next year the Association comes to Chicago—and our lathstring will hang outside.

Much of the interest centered in the various associations that made their meetings synchronous with that of the big organization. Socially the Medical Editors' meeting and banquet was the principal feature—the A. M. A. has outgrown the

possibility of such functions. The American Academy of Medicine had a successful session under the able presidency of Casey Wood, and the Society for the Study of Inebriety and Narcosis gathered the cream of the attendance under W. S. Hall.

The Philadelphia colleges sought to gather their friends together in "smokers." We dropped in on one, with which we formerly held some slight connection, but did not stay long. Old friends, old pupils crowded around and old friendships were renewed; but the air was thick with the shades of departed colleagues; and their places were usurped by newcomers. It was oppressive and we had to seek the open air, where the sea breezes could blow away the gloomy fancies.

Not only here but in the Association itself we were painfully conscious of a change in the *personnel*. The men who had been prominent for years have disappeared, and a new generation seems to have grown into their places within the last five years. A striking feature is the bearing of the men we meet—strong, self-confident, with a certain masterful, ownership-air pervading them—why, more than half these men are surgeons!

Even the older surgeons are relegated to the background. They have exhausted the details of technic, but these younger men are from Harvard and Cornell, and they discuss the physiology and the scientific bases of the surgeons' work. It is not they, either, who speak of the uselessness of drugs—they are eager for anything of that sort that can be applied with sureness and knowledge. But in truth, we failed to hear any at all of the pessimistic or nihilistic talk about drugs. A new spirit pervades the profession, and that sort of talk surely stamps the speaker as a back number. The healthy, enterprising American could not long wear the mental livery of effete decadence.

Was the new anesthetic, H-M-C, mentioned? Oh no!—excepting by every man we met. We did not have to speak for it—that business was taken out of our hands from the first. Furnishing dope for quack-

ery did not seem especially popular either, and the idea that the same ethical standard that has governed the medical profession might be adopted by pharmacy seemed to pervade the sentiment of the masses. No secrecy, no monopoly, but open, fair competition on the score of quality, and the doctor to be the prescriber—if that was not the prevailing sentiment we failed to properly catch it.

The active principles? The leaven has permeated the mass and the rise has commenced in earnest—unmistakably. "Resist the devil and he will flee from thee;" and this applies to the devils of jealousy, prejudice, ruttiness, indifference, monetary interests, to the whole race of Beelzebubs that rise in the path of human progress. Only fight hard enough and every last one of them will give way before a righteous cause, properly armed and panoplied. When a great truth is to be established it is only a question of perseverance, and success is sure.

It is pleasant to meet old friends and make new ones; to come in personal contact with the men with whom we have become acquainted through our work; to realize that the silent tide is rising, rising; and we return from these meetings brimful of new ideas gathered from the bright men we meet, and edified by the information they give us—but after all, the pleasantest thing about these great gatherings is to get back to our desk, and take up the communications with our many thousands of personal friends, whom we have met only in spirit. Hang up the hat and coat, get into the easy chair, drag down a huge pile of manuscript, call the stenographer, and now—

Work!

Time flies. The sun of June comes bravely out and the earth grows warm with the promise of her bountiful blessings, awaiting the hand of toil. Rich in countless gains, enlivened by the prospect of unnumbered more, the fields await our strong hands. Much has been won; but still the cry of the sufferer is heard, and men shrink from the swift approach of

Death. For ages we have with careless feet trod the priceless jewels into the earth or played at marbles with Kohinoors. Now we are beginning dimly to realize their values, and in a few more generations we may have removed the encumbering dross, cut and set the gems, and given their beauties and values to the world.

#### ILLINOIS STATE MEDICAL SOCIETY MEETING

The fifty-seventh annual session of this body, held at Rockford, May 21 to 23, was an unusually interesting meeting throughout. Some changes were made in the details of the program, which added materially to the usefulness of the papers presented. While the scientific program was divided into two sections, Medicine and Surgery, all the papers were read before the general body, one day being set aside for the reading of papers on medicine, one for the papers on surgery, while the third day was devoted to "border-line" papers. This gave everyone an opportunity to hear everything in which he was interested—and there was an abundance of "good stuff."

From the long list of excellent contributions it is difficult to select those which might be labeled "best," so much was exceedingly good. But we must speak of the splendid symposium on "Tuberculosis" and which was participated in by Drs. Robert H. Babcock, Henry B. Favill, Casey A. Wood, Frank P. Norbury, William E. Casselberry, Clarence L. Wheaton, and E. H. Butterfield. The two last-named discussed treatment, the former general management and the second the Sanatorium treatment.

We confess to a "weakness"—if it be such—for papers and discussions of a practical turn. There were some. Indeed, there was an excellent spirit of therapeutic uplift, shown in many ways. It is impressed upon us that the doctors of Illinois are reaching out for something better—just what, many of them hardly know. But it's the right spirit and will bring results. The papers of Elliott on "Hyperthyroidism," of Croftan on "Nephrolithiasis Urica," and

of Grinker on the "Treatment of Polyneuritis" were good, as was also that of Mettler on "Hysteria and Neurasthenia."

Of the surgical papers, all good, all of interest to the average man, we shall not attempt to say much. It is a little out of our line, though we were intensely interested in the entire program. We were, of course, very glad to hear the paper on "Scopolamine and Morphine as a Preliminary to General Anesthesia" by Dr. C. U. Collins of Peoria. The advantages pointed out by Dr. Collins for this method of anesthesia are the tranquil frame of mind which it induces in the patient prior to the operation, the condition of natural sleep, the reduction in the quantity of the general anesthetic required, with consequent minimizing of danger, the dryness of throat which it induces, thus lessening the danger of aspiration of mucus, and the general absence of postoperative pain and vomiting. In the discussion several speakers pointed out the advantages and superior results obtained with the H-M-C anesthetic. Barrett of Chicago and Hamilton from "down in Egypt" were particularly warm in its praise, while several others who wished to speak were summarily suppressed by the chairman.

Wish we had room to tell you all about the other papers. It isn't for lack of appreciation. But it wouldn't do to omit reference to the fine general addresses, that of the President, Dr. J. F. Percy, that on "Medicine" by Dr. Robert B. Preble, and that on "Surgery" by Dr. Charles H. Mayo of Rochester, Minn. Learned, sympathetic, scientific! Why say more?

The new president is Dr. William L. Baum of Chicago and the next meeting place is Peoria. Make your plans to go, and we'll meet you. And, Peoria! If you are planning to treat the profession as royally and every-way "right" as did Rockford, you've got to get a move on you and keep moving all the year.

#### SOME PLANS FOR THE FUTURE

We are seriously contemplating introducing, as a special feature, in CLINICAL

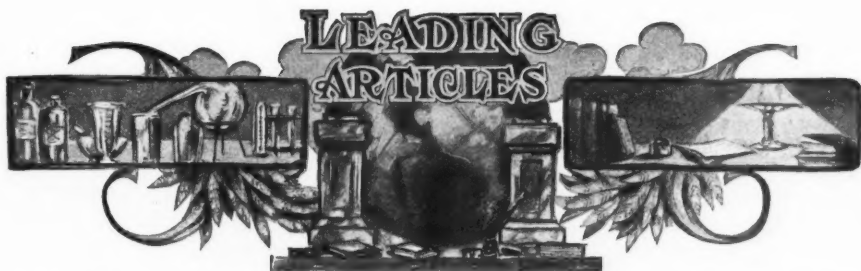
MEDICINE, a Post-Graduate Course in Clinical Therapy—Applied Pharmacology of the highest type—which shall provide a carefully prepared "correspondence school." The plan here roughly outlined, is to study disease especially with a view to its successful treatment, and the most effective means to that end. Active-principle therapy will, of course, be the central idea, but every other effective agent will be duly considered. There will be a reading course outlined, a syllabus for study, questions, research problems and open discussions; finally, certificates, if desired, to those who successfully complete the course.

Furthermore, we want to give larger space to the marvelous progress along therapeutic lines reported by other journals; therefore we should give snappy abstracts of everything worth while published elsewhere. Our readers should be kept in touch with all this. That means more space, more work, more expense.

Tell us what you think of these things—and where we shall put them. We cannot make CLINICAL MEDICINE larger; therefore, if you want them we must contract somewhere. Where shall it be? Editorials? Miscellaneous? Special Departments? Queries? or what? Please write us fully and freely. We want to hear from every reader. Do you want this? Answer! Be brief and to the point.

Therapeutics is no longer dead. It is alive—very much alive and "we-all" have had a hand in its resurrection! Not only physicians but surgeons are awaking to its real importance, now that it may be depended upon; and there is no class of men more quick to recognize budding scientific truth than those brilliant men, the surgeons of the new school. It is a "sign of the times." Isn't this our opportunity—our duty? We think so.

What can we do to please you?—to make CLINICAL MEDICINE more worth your while—your money and your support, that you may be able to recommend our work to your friends at all times, as second to none in this great reconstruction?



## AN INSULT TO THE MEDICAL PROFESSION

Answering attacks which are being made upon the character and intelligence of the doctor, intended to belittle him and to weaken his influence. These should be resented

By GEORGE F. BUTLER, M. D., Wilmette, Illinois

Author of Butler's Materia Medica, Therapeutics and Pharmacology; Professor of Therapeutics and Clinical Medicine, American College of Medicine and Surgery

I HAVE just read an editorial in *The Western Druggist* for May, entitled "Protection from Ignorant Physicians," that is the most uncalled-for insult to the medical profession that I have ever seen, with the possible exception of an editorial comment in *The A. Ph. A. Bulletin* for the same month. The animus of the two editorials is so apparent that I do not hesitate to say they are the joint production of Messrs. Engelhard and Hallberg.

Save a transitory unpleasantness with the former-named gentleman, my association with these men has been pleasant and cordial. For Professor Hallberg's talents and sincerity of purpose I have always entertained the highest respect. But these two editorials are so manifestly unfair, so full of flagrant defamation of the medical profession that I cannot allow them to go unchallenged.

### *My Reasons for Replying*

I crave permission to publish my reply in your journal for two reasons: First, I desire to give the widest possible publicity to my defense of the medical profession, and, second, because of the uncalled-for attack on *THE AMERICAN JOURNAL OF CLINICAL MEDICINE* in *The A. Ph. A. Bulletin*, inas-

much as I am one of the "doctors" so slurringly referred to by Professor Hallberg, "who feed on medical literature such as that of *The Medical Brief* and *THE AMERICAN JOURNAL OF CLINICAL MEDICINE*, conducted for their exclusive exploitation." There are about 50,000 other "doctors" who are doing the same thing. I find some excellent food in *THE AMERICAN JOURNAL OF CLINICAL MEDICINE*—food fully as rich and palatable as any I can find in *The Therapeutic Gazette* conducted for Parke, Davis & Co.'s "exclusive exploitation," or *The Medical Standard* conducted for G. P. Engelhard & Co.'s "exclusive exploitation," or *The Journal of the American Medical Association*, conducted for the "exclusive exploitation" of the ideas of those who, for the nonce, control it and the association which it represents.

It seems incredible that so well-known a pharmacist as Professor Hallberg, and so astute a business man as Mr. Engelhard, whose income is derived largely, if not solely, from physicians and druggists, should be so bitter, so asinine and short-sighted—to say nothing of veracity—as to indorse the sentiments expressed in the editorials referred to—not only to indorse but to lend to them the strength of their own personal brands of vituperation.

Read these extracts from Mr. Engelhard's editorial in *The Western Druggist*:

"Let pharmacists educate the public to the fact that it is in a much greater danger of life and health through the indiscriminate dispensing of medicines by physicians—incompetent, many of them, to practise their own profession—than it ever was from impure or adulterated food or drugs, and legislative measure will promptly be taken to check the evil."

Again: "The law which allows one man to diagnose a case, prescribe for the patient, dispense the medicine, and in case of death write the death certificate, which allows the body to be put under the sod without question and without comment by anyone, puts a premium on murder and encourages the physician with criminal instinct or criminal tendency to be a murderer. Our London correspondent calls attention to two cases in Great Britain, cases which came to light only by accident, in which physicians had murdered patients by means of poison and certified that death had occurred from various diseases. In these cases, 'discovered by accident,' the physicians were tried and executed. Similar crimes have been committed in this country and the perpetrators punished. But for every crime of this nature which is discovered, how many hundreds never come to light?"

#### *A Baseless Insinuation*

Could there be a baser, more uncalled-for insinuation? It is true that there have been physicians convicted of murder, and so have there been druggists, lawyers, ministers, and even editors and publishers, but that is no reflection upon their various professions. Not satisfied with this, the editorial continues:

"But the knowledge that murder is made easy under our present medical legislation is probably not the most alarming circumstance so far as the number of deaths is concerned. It is the ignorant dispenser, the physician with no knowledge of pharmacy to aid him in dispensing, with the veriest smattering of chemistry to aid him in identifying chemicals, who is the greatest menace to the lives of his patients."

Engelhard looks upon doctors as not only criminals but ignoramuses, incapable of "identifying chemicals," inferring of course that the druggist tests all chemicals and other drugs he purchases. Rodents! Let us be sensible and look at matters as they are. The average druggist is no more honest, no better educated and has no finer sense of honor than the average doctor. The average druggist may be able to determine the purity of all the drugs he buys; but does he, that's the question? How many laboratories for such work are connected with the drugstores you frequent? How many druggists have you ever detected in the act of examining newly purchased goods? Personally I have never seen one.

#### *Cordial Relations Between Doctor and Druggist*

The editorial continues:

"With those pharmacists who are so strongly advocating 'more cordial relations' with physicians we have no quarrel because of their doctrine. By all means let them cultivate the most cordial relations with their physicians, also with their lawyers and ministers and all the rest of their customers, but the theory that 'more cordial relations' will ever cause a single dispensing physician to give up the practice is absurd. It is solely a matter of revenue with the dispensing doctor. [Another unwarranted and untruthful statement.] He charges his usual fee for his services as physician, and charges roundly besides for the medicine he furnishes, and all the goodfellowship and cordial relations that could be crowded into a hundred banquets wouldn't make him give up a dollar."

Why should he? We are not in business for the purpose of increasing the druggist's bank account. Do they lay awake o' nights to increase ours? The fact is, the average dispensing doctor loses money on his drugs. His medicines cost him more than he gets for them, at least that is the experience of most dispensing physicians. Mr. Engelhard seems to be unable to understand that a person can have

any other motive than that of financial gain.

At another time I shall give some reasons why many physicians do their own dispensing. Now just remember that Engelhard also publishes *The Medical Standard*, working through this medium the doctors whom he insults and defames behind their backs in his drug journal.

Assuming, however, for the sake of argument, that the physician "charges roundly for the medicine he furnishes," I doubt if the charge would equal that of the druggist. So, strictly from a pecuniary point of view, the patient would suffer more should the doctor give him a prescription to be filled at the drugstore.

Mr. Engelhard concludes his comments on "more cordial relations" with the following remarks:

*A Plaintive Cry from Central Illinois*

"We are glad to note that all druggists are not misled by the 'more cordial relation' cry. In a circular of the McLean County (Ill.) Retail Druggists' Association now before us, its members are urged to 'fight for their lives' against legislation proposed by physicians, and stating that 'the doctors are yearly increasing their office stock of drugs, special proprietaries, tablets, etc., and writing fewer prescriptions, while they are industriously and daily fighting against the business of the druggist and the ready-made remedies which you make and which you sell.'"

Notice the admission in the last few words—"the ready-made remedies which you make and which you sell."

Now, I am not antagonistic to the pharmacists. Far from it. I am something of a druggist myself, having spent thirteen years behind the prescription counter, compounding old-fashioned, unpalatable prescriptions at from ten to twenty dollars a week. I admire the druggist in a general way—and "whom the Lord loveth he chasteneth;" so I feel that under the circumstances it is my duty to call attention to a practice that not only Messrs. Engelhard and Hallberg, but every druggist and every

doctor know is of daily occurrence, namely, the prescribing and dispensing of remedies by druggists for "any old" disease under the sun.

*Does the Druggist "Dispense?"*

I venture the assertion that a person can walk into any drugstore in the city of Chicago, or almost anywhere else for that matter, and ask the druggist to give him something for any disease he may think he has, and he will get some medicine for it, whether it be for hemorrhoids, Hodgkin's disease, or *hadernkrankheit*. The average druggist will prescribe for anything. The druggists are not only "experts" (?) in the treatment of coughs, corns and claps but they will offer to furnish you a "sure cure" for anything from acromegaly to *zuckergussleber*.

No African tribe deprived of its stuffed snake ever filled the air with clamor more dolorous than that with which the retail druggists are rending the circumambient ether because its blessed fetish—the prescription—is endangered. They insist that we shall write a prescription for every drug our patients need, yet they are illegally, unfairly and dishonorably dispensing more medicines and ignorantly attempting to treat more sick people than all the quack doctors in the country. It might be well for the pharmacists to get the bridge-beams out of their own eyes before reaching for the diatoms in the optics of the doctors.

*A Slight Unpleasantness*

Why, the active but brief unpleasantness referred to between Mr. Engelhard and myself was the result of a controversy we had about a book on "Practice and Treatment" he wanted me to write, and which he intended to sell to druggists to enable them to counter-prescribe better. But I forgave him, for he is not an essential intellectual entity, but an unimportant portion of a machine which he is "working" through his periodicals for "exclusive exploitation," not only of the druggist but the doctor as well.

A great diplomat once declared that language was made to conceal thought,

but *The Western Druggist* employs it to distort truth and as a sewer through which to pour the editor's uncalled-for expressions of his antipathies to the medical profession.

If I can persuade myself that modesty may make itself heard amid the megaphonous lamentations of the editors of *The Western Druggist* and *The A. Ph. A. Bulletin*, I shall resent with all the power of my voice and pen, as I am sure every physician will, the calumnious charges in the editorials referred to.

Not satisfied with the scurrilous diatribe in his drug journal, Mr. Engelhard editorially defames the character and belittles the ability of medical men in the June issue of *The Medical Standard* above referred to.

#### *Safeguards Against the "Dangerous" Three-fourths!*

Note the closing paragraph of that editorial:

"What the physician may think about these matters, however, is of little moment. As we said at the outset, the only legitimate way to view them is from the standpoint of the public. Even under the assumption that the medical profession is composed wholly of competent and conscientious men, the public is entitled to every safeguard from possible errors, and from all that makes for errors (of which excessive responsibility is a conspicuous example), that the custodian of its interests, the state board, can throw around it. And in view of the admitted fact that three-fourths of the practising physicians are incompetent, failure to provide such safeguards is little short of criminal negligence."

The inference expressed in this editorial is as devoid of justice and truth as a thieving tom-cat of conscience. It is the incarnation of impudence. Let it be understood that the rank and file of physicians are the equal morally and mentally of those who have presumed to criticise them!

It is quite time that Messrs. Engelhard, Hallberg *et al.* cease to prate of the ills of dispensing or try to legislate anent the "ignor-

ant doctor," for they may talk until they break a lung or ice forms in perdition, and the great march of medical progress will jog right along as before.

#### *Doing What Each Man Thinks Best*

While pin-headed polemics have perorated, and pharmaceutical conventions resolute; while hydrocephalic editors have poured forth columns of advice and vituperation and obfuscated "professors" and "authorities" looked into leather spectacles and sagely shook their heads, the rank and file of earnest medical men have gone on and will continue to go on doing what they think is for the best interests of their patients, whether it be in dispensing their own medicines or in writing prescriptions; whether in the employment of so-called physiologic remedies or of drugs; whether in the use of specific tinctures, alkaloids or the old galenics, or even of some preparation found by experience to be valuable even though it has not been "passed" upon by the Council of Pharmacy—and don't you forget it!

#### *We Cannot Accept an Infallible Medical Pope*

In this age of almost universal inquiry we cannot accept an infallible pope in the realm of intellect and declare that from his *ipse dixit* there shall be no appeal; which leads me to make a few remarks regarding the alleged statements of some of the members of the Council on Medical Education of the American Medical Association, to which *The Western Druggist* so exultantly refers.

Assuming, for instance, that the members of this Council are really and unselfishly trying to uplift the standard of medical education for no other purpose than better protection of the people and the good of the profession as a whole, is what they say necessarily true? Are the members so intimately acquainted with the 4,000 medical students who are graduated in medicine every year; are they so omniscient as authoritatively to make the statement that "three-fourths of these are utterly incompetent and

should never be permitted to practise medicine?"

#### *Who Make the Laboratory Tests*

Dr. Means doubts if some of these students could make a laboratory test for typhoid fever. It is possible that some of them could not. It is also possible that Dr. Means himself could not, inasmuch as he was graduated from the Cincinnati College of Medicine and Surgery away back in 1873—long before much laboratory work was being done in any medical college. Those were the days, too, when the length of most medical college courses were but two terms of six months each. Yet no one questions Dr. Means' ability to practise medicine and surgery. Dr. Mayer who, if I am not mistaken, was graduated from a homeopathic school ("Polk's Directory") along in the early 80's, and Dr. Grube of the Medical College of Ohio, 1886—other learned members of the Council—indorsed the statement, it is reported, that three-fourths of the medical students graduated each year are "utterly incompetent."

No one, so far as I know, questions the ability of any member of this Council, yet it is doubtful if a single member had, when he was graduated, as thorough a training in "bacteriology, chemistry, physiology and anatomy" as the student of today gets in any of the recognized medical colleges.

#### *Which Man do You Want to Treat You?*

The fact is, no man just out of a medical college is as competent to practise medicine as he will be ten years later. Yet probably any good student just out of college can pass a better state board examination than any member of the Council on Medical Education of the American Medical Association, although I would much prefer to have any one of the learned medical members of said Council treat me, were I seriously ill, than any recent graduate.

All in the world a diploma means to any man is that, in the opinion of the faculty, he is qualified to pursue his studies independently. It takes time and practice to make a good doctor. How few of our ablest men

had as good college training as the boys of today are getting! Do Billings, Quine, Murphy, Senn, the Mayo's, and other great clinicians make "laboratory tests for typhoid fever," and personally do laboratory work? Not that I have heard. They may know how to do this work, although I doubt if some of them do, but if they do, they have learned most of it since they were graduated.

What they are doing is employing good laboratory men—recent graduates—to do this work for them; then, from the findings furnished them by their hired assistants they make up their diagnosis and institute a proper line of treatment. These men are clinicians, not laboratory experts, and there is just as wide a difference between them as there is between a practising physician and a practising pharmacist.

I admit that we are turning out more doctors every year than are needed, but I am not prepared to admit that we are graduating proportionately more incompetent men than we did twenty years ago. There has been a steady improvement in this matter and everybody knows it.

The omniscience assumed by some of our alleged authorities is supposed to be something very esoteric, quite beyond the comprehension of the *hoi polloi*. The ultra-scientific prattle of certain scholastic Pooh-bahs makes me tired. Like half-baked sophists, they become completely lost in a fog of their own making and proceed to inflict a suffering public with books, papers and interviews filled from *imprimis* to *finis* with tommyrot. It is to be regretted that common-sense is so uncommon.

Erudition alone will not make a good doctor. There is something more required to be a successful practitioner than the ability to differentiate through the small end of a microscope a blastophylla from a mesoderm or the bacillus pneumoniae Friedlanderii from a typanosome. A knowledge of Greek and Sanskrit is not so essential to the doctor as a knowledge of human nature. One can be so smart that he is an ass.

I once read of a surly editor who was long on ideas but short on grammar. One

day a putty-headed pedagog blew in—one of those mental microbes who spend minutes thinking what to say and months learning how to say it. He had discovered an error in English in an editorial leader and was gasping like a duck with its bill full of dried mud.

"Mistah Editor," he exclaimed, "I find a gwammatical ehwah in your papah this morning."

"The h—I you say!" quoth the editor, who could see no harm in taking the name of the devil or his dominions in vain. "What else did you find in the article—any ideas?"

The professor assented, and the autocrat of the sanctum continued in a voice that made the bristles of the paste-brush curl: "Well, Sonny, language is the vehicle of thought, and if I have succeeded in constructing a vehicle that will carry ideas into the head of such a blankety-blanked idiot, such an irremediable ass as you are, I'll get it patented."

Apropos of "higher education," I will ask its advocates if they can discover the beautiful moral of this story without a diagram.

#### *What True Education Really Is*

True education consists in the acquirement of useful information. Too many of us make of our heads cold-storage warehouses for other peoples' ideas. An ounce of observation is worth a smoke-house full of theory.

If our medical colleges are graduating 3,000 incompetent men every year, which I do not believe, it is because the colleges are working "original research" overtime and are failing to impart useful information to their students—information that will fit them to treat successfully sick people. It has occurred to me frequently of late years that we are devoting too much time to laboratory work, or at least too little time to clinical work and a more scientific study of the treatment of disease.

Some of our alleged "authorities" (*sic*) claim that 90 per cent of the time spent in medical college should be devoted to laboratory work. This constant talk about labora-

tory work to the exclusion of the more practical work is calculated to give me a chronic case of *ennui*.

To a fool a bobtail may appear to wag a big dog; but the wise man knows that the canine controls his caudal appendage, and after all it is the success a man has at the bedside that makes or mars his reputation as a physician, and to be a successful bedside practitioner early, the student must have bedside experience. He must come in touch with sick people as well as with microscopes and chemical reagents.

He should have a better knowledge of pharmacy, materia medica, pharmacology and therapeutics, for as Fothergill says: "The ultimate aim of all medical research is the treatment and prevention of disease." The public cannot be expected to estimate us by any other measure than that of our usefulness. It is all very well for a patient to feel that his medical man is carefully trained in physical examination, and capable of constructing a skilful diagnosis; but the essential thing after all is confidence in his power to aid him when stricken and prostrated by disease and accident.

#### *Building Up or Pulling Down*

Now, instead of making the mistake that the editors of *The Western Druggist* and *A. Ph. A. Bulletin* have made, as well as many other abler men, namely, trying to build up one good cause by pulling down another, how much better it would have been for all concerned if they had devoted their influence and talents to the creation of a stronger, more universal sentiment favoring more time being given to the study of pharmacy, materia medica, pharmacology and therapeutics in our medical schools.

The statements of therapeutic skeptics, such as Osler, Bevan and others regarding the inefficiency of drug treatment, together with such uncalled-for attacks referred to in this letter have done an immense amount of harm both to physicians and druggists, to say nothing of the people, who because of such unjust and untruthful statements are turning to patent medicines, Christian science, osteopathy, etc.

Smarting under the insult offered the medical profession by these editorials, I may have used too strong language in my denunciation of them. I am charitable enough to believe, however, that had Mr. Engelhard and Professor Hallberg stopped a moment to consider they would not have been so unjust to the medical profession, a profession that has done more for the betterment of mankind than all other professions combined.

Their zeal to help pharmacy and pharmacists is laudable, but their over-zealous and unwise methods have but served to estrange physicians and pharmacists more than ever. The cause of pharmacy cannot be promoted by their uncalled-for inferences that physicians are murderers and ignoramuses. Such statements will be indignantly resented by every doctor and by thousands and thousands of laymen.

#### *The Physician Should Be Honored*

Instead of being objects of derision and calumny, physicians should be honored as heroes and public benefactors. It is the honor of the medical profession that, although often called upon to brave dangers which would fill the minds of the laity with dismay, it is very rarely known to shrink from them. Could the unwritten history of hospitals, pest houses and private practice be known to the world, it would be found that even the terrors of the battlefields are often less menacing to life than the quiet, yet in its import tragical, service rendered to those whose breath is contagion, whose touch implies destruction. The silent heroism of the physician is among the most inspiring spectacles claiming the reverence of mankind.

And there is no greater hero; no better, more unselfish man than the good old family doctor. Only those who have witnessed his untiring zeal, been cheered and sustained by his sweet sacrifice of self in

their behalf, and learned through the anguish of human experience the supreme value of his character and ability, can adequately feel that in all the community the Family Doctor brings fairest sunshine to our lives and is especially endeared.

And shall these noble, self-sacrificing scientific men be called criminals and ignoramuses?

#### *Resent Insult to the Medical Profession*

I believe that every sane, sensible person in the world will resent this insult to the medical profession. This hullabaloo against doctors by therapeutic nihilists, pharmaceutical zealots, and "new-thought" imbeciles who evolve from their empty brains new systems and defend them with the dogmatism of ignorance is calculated to make sensible people long for the coming of the fool-killer.

But in spite of them "the world does move," and medical men will go onward and upward as they have in the past. If it be true that "nature takes as much trouble to make a beggar as a king," then the scientific physician of today is pursuing her method, since his highest powers are devoted to the humblest details no less than to the grander achievements of his profession. Nothing excites his dismay, no care or labor is irksome to mind or to body. He stands in the clear light of scientific revelations which are, to him, an abiding inspiration. He has but little time to consider whether the laity, and especially the cranks, appreciate his zeal, but turns his face to the day—the fresh morning of enthusiasm to which his calling has awakened him.

We have a record of medical progress of which we may well be proud, and it is with secret satisfaction that the true and high-minded physician reflects that his thoughts and studies have kept pace with the advancement of his age.



# THE ACTION OF HYOSCINE

A study of the source, physiological action and combination of hyoscine and allied alkaloids of the solanaceous plants, especially as used in the production of anesthesia

By FRANK WOODBURY, A. M., M. D., Philadelphia, Pennsylvania  
Formerly Professor of Therapeutics and Clinical Medicine in the Medico-Chirurgical College, Philadelphia

SCHMIDT gave the name of scopolamine to an alkaloid extracted from different varieties of scopolia, a genus of solanaceous plants of Europe and Australia. This alkaloid is found in the leaves of the *Scopolia carniolica* (sometimes erroneously styled Japanese belladonna), the seeds of *hyoscyamus*, the leaves of *duboisia*, the seeds of *stramonium*, and likewise in the root of belladonna.\*

Ladenburg and Hesse have conclusively shown that pure hyoscine and scopolamine are identical. Rostilas accounts for observed differences in their physiologic or therapeutic action by the presence of impurities in the drugs as they appear in the market. The present revision of the United States Pharmacopeia declares that scopolamine and its salts are chemically identical with hyoscine and its salts; but retains both titles, *scopolaminum hydrobromidum* as well as *hyoscinum hydrobromidum*, thus leading to the inference that commercially they may not be the same.

The combination with bromine is the only form in which this agent is official, and it is this salt which is meant, as a rule, when the term scopolamine, or hyoscine, is used in current medical literature. The official salt is crystalline and very soluble in water; this fact and the smallness of the dosage make it especially suitable for hypodermic administration.

## *The Alkaloids of the Solanaceous Plants*

The alkaloids of the atropine series of solanaceous plants are very closely allied, both chemically and physiologically. The chief are atropine, hyoscyamine and hyoscine, or scopolamine. In most cases they are found associated with each other. Even

in the *Scopolia carniolica* the peculiar alkaloids consist of a mixture of these, the predominant ones being atropine and hyoscyamine, the hyoscine being in small and variable proportion. The difficulty of completely separating these principles is well known to chemists, but is generally lost sight of by the clinician. The atropine of commerce we know is always impure. The United States Pharmacopeia states that "as it occurs in commerce, it is usually accompanied by a small portion of hyoscyamine, from which it cannot be readily separated."

Hyoscine usually is obtained from the mother-liquor after the crystallizable alkaloids have been removed. There is more than a strong probability that there is likewise a varying proportion of the other principles in the resulting salts which cannot readily be separated from the hyoscine. This fact, as already stated, explains any lack of correspondence between the results of different observers with regard to its physiologic and therapeutic effects.

## *Physiologic Action of Hyoscine Hydrobromide*

The physiologic action of pure hyoscine hydrobromide in the human subject may briefly be summarized as follows: Its mydriatic action is four or five times as pronounced as that of atropine; it is more promptly manifested, but is also more transitory. It does not exercise any appreciable effect upon intraocular tension, according to Rohlman of Dorpat, who claims that it is superior to atropine in eye-practice, and asserts that it can safely be employed in glaucomatous conditions in which atropine is inadmissible. When used too freely, it is absorbed by the conjunctiva, and physi-

\*Dujardin-Beaumez, "Dictionnaire de Therapeutique."

ologic effects may be produced.\* Upon the central nervous system, instead of being excitant and a delirifacient, like atropine, hyoscine is a sedative and hypnotic.

#### *Hyoscine a Sedative in Cerebral Excitement*

The therapeutic application of these observations to the relief of cerebral excitement was promptly made by clinicians, and in acute maniacal conditions and insomnia with agitation hyoscine has largely taken the place of morphine. The ordinary dose for this purpose is stated to be one milligram (gr. 1-67); but much smaller doses (1-2 to 1-3 milligram, or gr. 1-125 to 1-200) given once daily, are, in some cases, followed by very marked muscular depression and hypnosis. It should therefore be given with due caution. Insomnia caused by cerebral excitement is rapidly quieted by these small doses, and a natural sleep follows. Certain cases of nervous asthma also experience great relief from hyoscine given in this way.

In the nervous erethism attending alcoholism, its sedative action is highly praised by Hare and others. Hyoscine hydrobromide has been used with advantage to allay the convulsions of cerebrospinal meningitis. It should also be of service in hiccup and in spasm of the laryngeal muscles. It has been utilized in cases of delayed labor to relieve excessive pain and irregular uterine contraction. In tic-douloureux and histrionic spasm it may be injected locally or one or two drops of a fresh one-percent solution dropped into the conjunctival sac. In cases of hysteria, the effects of fright or of strong emotion, this agent would be appropriate.

#### *Effects of Combination with Morphine*

When combined with a small dose of morphine hydrochloride (1 centigram, or gr. 1-6) the analgesic and sedative effect of the latter is decidedly intensified. At the suggestion of Schneiderlin the analgesic condition thus produced has been utilized both for major and minor surgical operations. 'In fact, when repeated doses are

given hypodermically, at half-hour intervals, for three or four doses, a condition of complete muscular resolution and mental hebetude approaching coma is produced and lasts for several hours. This has been widely utilized by surgeons, but being rather recklessly employed in Europe, it unfortunately was followed by a number of deaths. As pointed out in a discussion at the French Academy of Medicine, the doses of morphine (gr. 1-6) itself, repeated at short intervals, have exceeded the toxic limit and thus accounted for the death of the patient, without considering the physiologic action of the scopolamine (hyoscine) at all. The possibility of idiosyncrasy against morphine must be admitted and should always be taken into calculation.

#### *Hyoscine Used with a General Anesthetic*

The administration of hyoscine in combination with a general anesthetic, and when given previous to the administration of chloroform, appears to have several distinct advantages. The quantity of hyoscine hydrobromide ought not to exceed one milligram (gr. 1-67), and that of morphine hydrobromide, one centigram (gr. 1-6), dissolved in one gram of water, and administered in two doses (only one-half or one dose may be sufficient) about three-fourths of an hour previous to operating. The patient will go into a relaxed (sleepy) condition of body and mind, so as not to take any notice of the necessary arrangement, and afterward will have no recollection of being carried into the operating room or even of having taken the anesthetic. The patient usually wakes up in an hour or two after the operation. When vomiting follows, it may (as suggested by Doucet\*) be owing to some decomposition of the morphine in the solution, and therefore, before using, this should always be freshly prepared with sterilized water.

Another advantage is that by this combined method the full surgical anesthesia is obtained with the minimum quantity of chloroform. It is also claimed that the anesthesia is accomplished more easily and

\*J. V. Shoemaker, New York Medical Journal, Oct. 7, 1906, page 76c.

\*Gazette Medicale de Nantes, Jan. 12, 1907.

regularly and is not interrupted by any struggling, nausea or vomiting. The preliminary period of excitement was missing in nearly all the cases, there was no danger of cardiac syncope, and anesthesia is produced rapidly, usually in from five to ten minutes, with very little chloroform. In his observations at Professor Bignard's clinic (including laparotomies, removal of tumors, amputation, nephropexies, etc.) Doucet found that there was less vomiting after the operations than under chloroform alone. He also claims that, owing to the fact that a reduced quantity of chloroform is employed, this combined method is much safer, because it diminishes the danger of severe accident in cases suffering with cardiac or kidney disease.

Finally, hyoscine is employed by some American surgeons, after the operation is over, in order to reduce the nausea and vomiting from the anesthetic and to relieve restlessness and pain. If the quantity of

one milligram is not exceeded, the toxic effects, at least in an adult, need not be dreaded.

In those cases which ended fatally, the total quantity of the narcotic given was probably too large, the hyoscine intensifying the action of morphine on the cerebrum and respiratory centers. Death may also be explained by idiosyncrasy, psychic causes or simply coincidence.

#### *It is Not a Circulatory Depressant*

According to H. C. Wood hyoscine exerts very little influence upon the circulation in the lower animals even when given in toxic doses. It, therefore, is far safer to use than chloroform or other anesthetic agents, which depress the heart's action. In cases where a weak heart is already present, the combination of hyoscine with a heart-tonic, like strychnine or cactin, has been found to be advantageous.

## THE CHEMISTRY OF THE ALKALOIDS

The derivation, classification and chemical composition of the alkaloids, with a brief discussion of their physical and pharmacological peculiarities

By FRANK B. KIRBY, P. D., M. D., West Philadelphia, Pennsylvania

IN the study of organic chemistry one of its most interesting divisions to the clinical physician is that of the pyridine and quinoline bases, from which are derived most of our alkaloids. It must be remembered that these bases belong to the benzene, or closed-chain, series of hydrocarbons. We also have alkaloids derived from the methane, or open-chain, series, notably caffeine and theobromine. We find pyridine occurring in tobacco smoke, coal-tar and elsewhere, and it has been used as a remedy in asthma.

#### *Classification of Alkaloids*

Alkaloids are organic principles physiologically active, occurring as—

1. Digestive products in animal economy,

2. Products of bacterial morphology,
3. Products of decay of animal tissue,
4. Constituents in plant structure.

While these different varieties are all members of the class of alkaloids, yet, according to their origin, they also have different names.

1. Leucomaines are normal products of digestion and metabolism, in contrast to toxins, which are morbid body-products. These alkaloidal substances are found in saliva, sweat, feces and urine. They produce their evil effects in some fevers and colds (coryza) when not excreted through the proper channels. As examples of these may be mentioned adenin, hypoxanthin and guanin.

2. Toxin or toxalbumin is the name given to the poisonous element resulting

from bacterial action. This form of poisoning constitutes a much larger class of diseases than the former which the practitioner is called upon to fight: witness, e. g., diphtheria, variola, enteric fever. Here it is that we antidote the toxin with an *anti* toxin, especially in diphtheria.

3. Ptomaines, or cadaveric alkaloids, are formed as a result of decomposition of animal tissue. It is these we deal with in the acute symptoms following ingestion of refrozen ice-cream, embalmed meats and canned goods.

4. Most important, however, is the alkaloid-content of plant-structure.

#### *The Vegetable Alkaloids*

Vegetable alkaloids do not occur naturally in the free state, but are combined as salts of various acids, such as meconic acid in opium, quinic acid in cinchona, igasuric acid in *nux vomica*, etc.

The root of the word signifies resemblance to alkalis. This resemblance is seen in their ability to form salts with acids, both organic and inorganic. In most cases these salts are more soluble in water than their bases, a notable exception being codeine. Here the base (alkaloid) is more soluble in water than the salt.

The bases are usually more soluble in ether, benzene, chloroform or amyl alcohol.

Again, alkaloids have a feeble power to change red litmus to blue. They are acknowledged to be derived ammonias, either amides or amines. The "ine" termination has been adopted to signify the class in distinction to glucosides, which end in "in."

#### *Constitution of the Alkaloids*

Natural alkaloids have nitrogen in their molecular content, whereas some artificial alkaloids have the nitrogen replaced by phosphorus, arsenic or antimony.

Those alkaloids containing oxygen are solid bodies, e. g., codeine, quinine, cocaine; while those without oxygen are liquid, e. g., coniine, nicotine, sparteine.

So far we learn that the principal elements in alkaloids are C, H, N, O; and in

studying cinchona bark, for instance, we find that, while it contains at least thirty-two distinct alkaloids, each one is but a different combination of these four elements.

In commercial plant-analysis we take advantage of the chemical affinities of alkaloids to first dissolve them from the bark, leaf, root or seed, as it may be, and then decompose the salt with a stronger base or acid.

#### *Isomerism and Crystallization*

Alkaloids are no exception to the rule of different properties of compounds of the same formula. Whereas white of egg and cobra venom are identical in formula, i. e., isomers, still, no one would substitute one for the other. So we find atropine, hyoscyne and hyoscyamine are isomeric but have varying therapeutic properties. These are the so-called "mydriatic alkaloids" and belong to the *Belladonna* group, from the family *Solanaceæ*.

There is another property of alkaloids, more properly considered physical than chemical, namely, crystallization. Some are obtained both in crystal and amorphous. The crystal is the more active, since it passes more quickly through animal membrane. The amorphous variety is not subject to dialysis and, hence, must undergo some change before its properties are felt. The minimum dose of aconitine, amorphous, is gr. 1-134, while that of the crystal is gr. 1-500. We see this property to perfection in epidemic cholera, where the absorbed toxin may be fatal before the comma bacillus can pass from the intestines to the body.

#### *The Activity and Toxicity of Alkaloids*

It is when injected into the tissues that alkaloids produce their immediate results, acting here quicker than when administered by the mouth. Just as albumoses (leucomaines) are non-toxic to the gastric and intestinal mucosa and poisonous when injected, so we see bacterial toxins are harmless in the presence of gastric juice but are active for harm when absorbed by

the tissues. It has been estimated that 1-275 grain of the pure toxin of tetanus, if injected, would be fatal to an adult person.

So we see the whole group of chemical bodies, alkaloidal in character, are in-

tensely active and highly potent compounds, and, like our instruments of precision, the telescope and microscope, the vegetable alkaloids are capable of doing the best work if intelligently handled and scientifically employed.

## A PLEA FOR MORE PRACTICAL THERAPEUTICS

This important and interesting paper was read at the first annual meeting of the Sixth Counselor District Medical Society, held at Albany, Missouri, November 13, 1906

By G. W. WHITELY, M. D., Albany, Missouri

SCIENCE has led the research in medicine to wonderful lengths and to many victories, yet there is wanting a more thorough personality in the practicing physician. We, as the practical part of the profession, are depending too great an extent on the scientific writers and pharmacists for advice. But to be successful, we must treat our patients personally and make a practical application to every case. Theory in medicine is a farce unless it is made an integral part of the physician himself, so that he can practically apply it when called for. Practical use of pharmaceuticals depends on the physician; a chemical experiment in the laboratory may demonstrate one thing, while the physiological effect on the patient may be entirely different.

Therefore it is imperative that we understand the chemical as well as the physiological action of the drug used. The theory of a Wood or Bartholow, unless mastered and made practicable, is useless to the doctor. What Pepper, Anders, Flint and others say on practice is as naught unless we make their ideas our own and use our judgment as to the practical use of the same. On this we all agree, for we must treat our patients individually.

Our surgeons are among the best, because the most intricate makeup of the human body is known and mastered by them, and their instruments are used with the most exact skill and precision. Here

the eye of the patient and their friends can see and cause them to comprehend the mistakes made.

### *Knowledge of Drug-Action Essential*

Is it so with drugs? Do we take a second thought why we should or should not give a dose of morphine when our patient is in pain, for instance? We are too prone to prescribe a preparation because the books say so, or give a pharmaceutical compound because some manufacturing house or author has recommended it for the disease in hand, not remembering that the individuality of the patient may call for some other treatment. Also, the giving of drugs covers a multitude of sins, while we trust to the ignorance of the laity—no one being the wiser.

But can a true physician ease his conscience by so doing? We see the effect of such kind of prescribing all over the country, for the laymen are reading, and are falling in with Christian science and other cults as dangerous because we are not applying ourselves to the study of the drugs we profess to give, therefore are not giving the satisfaction to the people we treat that we should. While they may not know anything of drugs and their effects, they do know when they are benefited.

Yet it is not here alone we are lacking. There are times when drugs are not required and it is absurd to give them,

while heat, or mechanical vibration, or massage might be applicable. Did you ever stop to think that at times the osteopath will take away your best patient for the very reason that you fail to give relief, while the other applied the treatment indicated? Don't say he is a humbug. His only mistake is that of trying to treat his patients mechanically even when drugs only would help.

#### *Use Every Possible Means of Cure*

Why in this twentieth century we should not use every possible means to relieve suffering humanity is a question that must be answered by each individual practitioner. Why, indeed, do we not more often call to our aid such useful agencies as Swedish movements, vibration, galvanic and faradic electricity, and so on? But we ignore them, though often these would help when drugs can not.

But now let us turn again to the most potent of all our agents, the drugs. Do we master them, or do they master us? Do we know their every physical effect or do we go haphazard and trust to blind ignorance? I rather believe that the latter is the fact, by the way we lose out, for it is wonderful the amount of "stuff" that is given that is inert, or nearly so.

#### *The Worthless Drugs on the Market*

Let us see if this is a fact. Russell W. Moore, in charge of the laboratory of U. S. Appraisers, of New York, in a paper read at Boston, last June, says: "In 1904, 98 samples of jalap were assayed, and 28 found below official standard; some even as low as 6.14 per cent, while the maximum was 23.34 per cent. In other words, some contained four times as much resin as others."

Again, in *The Bulletin of the American Pharmaceutical Association* for April, 1906, in a report in reference to drug-strength, it says: "Morphine tablets vary in strength, some containing no morphine at all; sodium salicylate tablets with 15 per cent talcum powder; quinine 1-3 grain, when labeled two grains. Prof. A. R. L. Dohme, mem-

ber of the Committee of Revision of the United States Pharmacopeia, says in *The Apothecary* for last December that crude drugs vary in strength and quality, and he gives some very startling facts of which I will repeat only a few items. Thus the active drug-strength found was, respectively: Digitalis: No. 1, 0.25 per cent; No. 2, 0.275 per cent; No. 3, 0.23 per cent; No. 4, 0.3 per cent; No. 5, 0.3 per cent. Nuxvomica: No. 1, 2.6 per cent; No. 2, 2.65 per cent; No. 3, 2.9 per cent; No. 4, 2.2 per cent; No. 5, 2.4 per cent; in active drug-strength.

He names others, but this gives the two drugs we use most, and we perceive that we are in the hands of the pharmacist, be he good or bad. And Mr. Dohme is an undoubted authority in this line.

Now, it seems that if we were true to ourselves and our patients, we would watch more closely for the effects, and when we found none, we would let our brethren know of such preparations. But here we have the warning coming from the pharmacists themselves, and not a word from the medical profession. Is not this sufficient to show us that we are negligent of our duty in this respect?

Years ago I knew a man who was seemingly successful in his practice, who often asserted that he needed but a half dozen remedies to practise medicine, that there was no virtue except in a very few of the drugs used, and he would not be imposed upon or impose upon his patients by their use. This man had found out that there were inert, or nearly inert, drugs on the market, placed there by "standard" houses, and had become disgusted with them.

But at this time we know that, if we are given pure preparations, with a known effect on the human body, we need not be disappointed.

#### *The Advantage of Small Doses of Pure Drugs*

But this is not all the knowledge we need in the premises. There is as much in the quantity given as in our knowledge of the strength of the remedy. The minimum

dose of any remedy used is preferable to the maximum, in the main. You do not overwhelm your patient with the drug-effect. You keep up the smaller doses every fifteen, twenty and thirty minutes, till you have gained the full action of the drug used, and by extending the time, hold your patient at the full action or point as long as desired; then you can diminish the dose or still longer prolong the periods and bring the patient out from under the action by degrees so that it will not leave him in a state of shock.

There are some remedies which it is imperative to give in the minimum dose, to get the tonic effect of the drug, such as atropine, gelseminine, strychnine, cicutine, hyoscyamine, quinine, and a great many others that can be mentioned, while the maximum dose would give quite another effect and might be detrimental to the patient.

We will take as an example atropine. In doses of 1-1000 to 1-250 grain it is a tonic in constipation, but given in the common dose of 1-100 grain, it checks secretion and produces overperistalsis, and so does more harm than good. On the other hand, in small doses it aids the dormant powers of the gut and gives tone to the muscular fibers as well as aiding the circulation.

#### *Giving the Right Thing in the Right Place*

We might give others, but suffice it to say, we should study every drug as to its effects, that we can apply it in its proper place. It is wonderful how many opportunities we can find for the most common drugs, after mastering them.

Again, let us take atropine. As a mydriatic it has no superior; in threatened collapse it is a sheet-anchor when combined with glonoin; in a restless fever-patient with drawn pupils it relaxes the muscles and soothes him; if the face is blanched, a full dose will produce a gentle and refreshing sleep. It is a specific in cholera infantum, given till the face is scarlet—in fact, to full physiologic effect; it stops the secretions, and saves the patient. We

have no better antispasmodic, given in 1-250-grain doses, repeated as often as needed. In uterine hemorrhages it has a most wonderful action. In connection with hydrastinine it opens the capillaries and relieves the congested parts, while the hydrastinine later closes the open vessels and holds them here. It also braces the heart and prevents collapse. There is nothing that will replace it in cerebral congestion or hemorrhage of the brain. Thus we could name scores of other drugs, but it would become irksome, so we will desist.

#### *The Self-Command Born of Positive Knowledge*

But we should study every drug so that we can have a positive working-knowledge of it at all times and master every condition to which it is fitted. We should then have more confidence in ourselves and our remedies. Bigotry or self-conceit is abominable in anyone, especially the layman, but he can see when you have control of yourself and your patient. A close mouth and a sure command of self tells its own story. No stopping or wishing for something you have not, but using that which you have at hand with telling effect, and winning battles where hesitancy would lose out.

Remember that we are watched by our patients and their friends, and they see and know when we are "rattled." It pays tenfold to be resourceful and practical in medicine. There is no more disgusting thing to the laity than to see a doctor hesitate when a patient's life is hanging by a mere thread, and to hear him say that there is no use to try anything more! Many a good man has gone down to defeat by finding himself lacking in knowledge of his remedies, while his neighbor takes his patient and wins victory and high esteem, and probably does it by using the very same remedies, judiciously administered.

#### *Work With and For Your Professional Brother*

But here let me say a word foreign to my subject, but vital to the patient. God

pity the man who will take advantage of his professional brother and selfishly stab him to the quick when he has this advantage of him, thus ruining his future for his failure.

And God speed the day when every physician of worth will belong to his county society and work for the good of the profession and his fellows. This will make men, true men of every mother's son of us.

But you hear it said so many times, "Give us your authority for this or that, my brother." Are you not your own authority? If not, why not? Would not, perhaps, that self-same authority ask of you the very information for which you appeal to him? What matters it what John Jones says unless he has a practical knowledge and personal experience of that knowledge? Should I throw aside aconitine because some of our authorities say it is dangerous, when I have given thousands of doses and know it is not so if given in the right manner and time? Must you lay aside your actual knowledge for Jones because he is "high in authority," when he has not half the actual experience in clinical work?

The time has come when we must be an authority to ourselves. All hail to the man that has the convictions of self-knowledge and worth and without fear or favor fights for the right!

A good authority is one that is unbiased by prejudice and has an actual working-knowledge of his subject and can actually demonstrate the correctness of his opinion on the question involved. Thus may we have a clear conception of the danger-line in medicine, and the best of results will follow.

#### *Why Wrangle over "Schools?"*

There is another question that will be a source of power or of failure, and that is of "schools." It matters not what school of medicine you may belong to. We are fighting for the same thing: the best way to relieve humanity of her ills. Shall I dictate to you that which I will not comply with myself?

It is to the state organization that we look for guidance, and to them we may return thanks that they have risen up over the petty foolish idea that the eclectic and homeopathic physicians have no rights. Every law that would protect them, protects us. We study the same text-books as to the fundamental branches of our profession, and they as well as ourselves use the same means to cure their patients. The way they prepare their remedial agents is only the way they think best, and we accept a great many of them, as they do of ours. The fact is, we are none of us perfect, and there is good and bad in all of the preparations made.

Then why not treat each other as brothers and do all the good possible? This is practical and it is right. Throw aside the foolishness of "school" and "pathy" and work together, and we shall succeed as we should.

Still, there is not the antagonism now that some would have us believe. We have been living in a time, or age, of graft and quackery, and the people have been led to believe by the doctor that wants to fool them and work his "graft" that there is a wide difference in the different schools. When you see a man that cannot meet his brother of another school in council, you may be sure that he will turn *you* down if he gets a chance, just as surely as it is not the school he is looking to but his own selfish aims. This may not be pleasant talk, but it is the truth.

#### *The True Physician Willing to Learn of Anyone*

The true physician will be willing to learn of anyone the better things of his profession. We all have our imperfections, but the true man will not stoop to so vile a thing as to sneer at a man because he chances to differ with him on the details; on the contrary, he will try in the best way possible to right his own errors and improve his own methods. And the other will be more than willing to help and to promote the good of both, as best he can. It is just as honorable to practise the "eclec-

tic" method as the "regular," and I will say without fear of successful contradiction that the eclectics have led us in pointing out the importance of pure and definite drugs. No one who has used Lloyd's specific tinctures, for instance, would again use the old fluidextracts and tinctures with their indefinite doses. Prof. Dohme, as quoted above, shows the weakness of the latter.

Now, I do not wish to be understood as asserting that there are not proficient chemists in the old pharmaceutical houses; but the way of preparing the old tinctures and fluidextracts is not sufficiently definite and many of these products are, or may be, positively dangerous because the essential active principle is too often an unknown quantity. Perhaps there is not one here who can recollect the time when a fight was made on the use of morphine, and it was then used but very sparingly. The use of quinine was thought to be a farce not so many years ago. Are there a half dozen here today that are not afraid to use aconitine, as formerly we were to use quinine? Yet it is not any more dangerous, perhaps not as much so.

#### *Why do We not Use More Active Principles?*

Now, I cannot see, for the life of me, why we use the commoner active principles so indiscriminately and balk at the rest of them and call them frauds. I have used the alkaloids and glucosides for ten or twelve years and can look back on the most successful years of my practice. I am sure that I could not have found out the many uses of the commoner drugs if I had not studied them in the active principles. You never doubt the effect when you give a dose of quinine or morphine; just so sure I know the effect I shall get when I give the others, if I have the pure substances.

There is another reason why the active principles should be used separately. I call your attention to jaborandi. Here we have a very unreliable drug in the fluid-extract, for the reason that it contains two

alkaloids, pilocarpine and jaborine; the former a very reliable one, the latter a deadly poison. I also mention ipecac, of which emetine is the dominant principle, and a very reliable one when pure. It is an admirable expectorant; it increases the intestinal secretions, and therefore is useful in many bowel complaints. The other principle, on the other hand, is a powerful emetic and irritant to the mucosa. Here, you see, we have uniformity and exact dosage; while if we give the galenic preparations of ipecac we do not know which of these alkaloids is dominant.

This is one of the reasons why we meet with so many disappointments and failures in our treatment when we depend upon the old "official" preparations. Certainty of action and uniformity of dosage are the best recommendation the active principles can have. Another is that we can leave definite instructions to our nurses, that they may look for definite results, and thus act intelligently.

#### *The Prejudices Against the Alkaloids*

I am perfectly aware that there is a prejudice in certain directions against the use, or I might say the recommendation, of the alkaloids, judging from attacks made on certain houses charging them with mercenary purposes in recommending the use of those substances.

Now, Gentlemen, in all due candor, can't the very same thing be said of the other houses, and more? They make that kind of a pull on us. Then shall we blindly let them step in between us and our better interests? Do not let prejudice keep you from the use of this class of remedies. I know it takes more study and work to master them, but that is what your patients expect of you. Inform yourselves so they may trust you completely.

Again, the druggist will tell you that there is no profit in carrying these goods. But, which are you looking to, the betterment of your patients or the filling of your druggist's till? Better think of your own success and the filling of your own pockets. This is plain language, but no practician

should let or permit his druggist to prescribe to him what he should or should not use, or to prejudice him in anything without first ascertaining the facts. Then, again, some say they cannot get as much pay for the alkaloids as for the fluids. But let me say right here, if a man will not pay me for my knowledge, I will not prescribe for

him. He will soon discover whether you do him any good or not, and that is what he wants, and he will then be more than willing to come to you if you show him that you are worthy of his hire and confidence. The people are either going to give us their entire confidence or still distrust us. Which will it be?

## A CLINICAL LECTURE ON CARBUNCLE

This lecture, which was delivered at the Medico-Chirurgical Hospital, Philadelphia, gives a concise resume of the disease, with special reference to its successful treatment

By JOHN V. SHOEMAKER, M. D., LL. D., Philadelphia, Pennsylvania

Professor of Materia Medica, Therapeutics, Clinical Medicine and Diseases of the Skin in the Medico-Chirurgical College and Hospital, Philadelphia

**G**ENTLEMEN: This morning I have the pleasure of showing you a patient who suffers from an affection which possibly seems trivial; but nevertheless, as you undoubtedly will learn later on, it is one that is often more serious than you anticipate.

The patient is a male, age 57 years, nativity American, a court tipstaff by occupation. He has the most "angry-looking" and irritated carbuncle on the back of his neck that I have ever seen. This lesion involves the entire neck from the right to the left sternomastoid muscle. The skin over this area is discolored purple, and through the cribriform openings can be seen the great amount of sloughing taking place underneath.

### *The History of the Case*

His history reads as follows: Family history is negative. When he was a child he had measles, scarlet fever, mumps and whooping cough. At the age of ten years he had several tubercular glands of the neck removed. Other than the diseases mentioned he has always been well. He denies venereal diseases and no evidence of any such infection can be elicited on his body. Until ten years ago he used very little of any of the alcoholic beverages, but since then has been on occasional debauches, and during

the last three months especially he has taken whisky and beer quite freely.

Six weeks ago he began to feel tired and exhausted on the least exertion. His appetite became less, the bowels were constipated, and he complained of constant headache. Four weeks ago he first noticed a very painful papule on the back of his neck. He applied zinc ointment, which gave him no relief. A few days after the appearance of the first papule many more appeared, which were also painful, and the entire back of his neck became swollen, inflamed, sensitive and hard to the touch. Vesiculation and pustulation followed the papulation, the skin over the area involved took on a brawny hue, became soft, and after the pustules had ruptured, the diseased skin looked cribriform.

Owing to the fact that the patient is weak and in a run-down condition we decided not to remove the sloughing tissue with the knife, but by the application of sodium bicarbonate. The skin was first moistened with water and then powdered sodium bicarbonate was put on sufficiently thick to cover the entire skin. In twenty-four hours later the many papules had opened and were discharging a serous pus.

This condition is undoubtedly the result of a carbuncle; which is defined as a circumscribed, painful inflammation of the skin

and subcutaneous tissue, sometimes involving the deeper structures and terminating in gangrene of the affected part.

### *The Diagnosis of Carbuncle*

At the onset of a carbuncle the disease may be mistaken for furuncles, which are small and distinctly circumscribed inflammatory affections of the sebaceous glands, while a carbuncle is a solitary circumscribed painful area of a bunch or group of sebaceous glands.

The differential diagnosis is easy, as tabulated on the blackboard:

<i>Carbuncle</i>	<i>Furuncle</i>
1. Many small hard and painful papules appear.	1. Usually one papule appears which is painful and terminates in pustulation.
2. Affected area has a cribriform appearance due to the openings of many papules.	2. Only one opening for each furuncle.
3. Large area of surrounding skin is involved and inflamed.	3. Skin only around the furuncle is inflamed.
4. Deep structures usually involved.	4. Deep structures not involved.

In the early stages it might also resemble erysipelas, but the circumscribed character of the inflammation, together with its hardness and painfulness, should always serve to distinguish a carbuncle.

### *The Pathology and Etiology of the Disease*

The pathological condition begins with a derangement of the capillary circulation around the sebaceous glands, shutting off the blood-supply to the glands, thus leading to mortification, with subsequent circumscribed inflammation and plastic infiltration. The plastic inflammation is followed by suppuration and gangrene of the part involved.

The cause of carbuncles may, in the first place, be nervous impairment. Chlorosis, diabetes, albuminuria, rheumatism, gout, tuberculosis, dyspepsia, infectious fevers and general debility are some of the more active causes which lead to their development.

Carbuncles are also very often caused by the staphylococcus pyogenes, aureus and albus, getting on the skin and then being rubbed into the pores by the coat collar or by some other friction.

The treatment required is both constitutional and local. The systemic depression is more severe and serious and therefore must be met more promptly and actively than in furuncles. Diet, hygienic measures and good nursing are most essential. The diet should be nutritious, consisting largely of animal food, as beef-juice, milk and eggs. Medicinally, stimulation heads the list and should be given for decided effects, especially so when there is much depression and exhaustion. This patient is getting two ounces of whisky every three hours. He also receives a capsule containing: Strychninæ sulphatis, gr. 1-40; quininæ sulphatis, grs. 2. calcis sulphuratæ (Abbott), ferri pyrophosphatis solubilis, aa. gr. 1-2; salicini, grs. 2; Misce et fiat capsula No. 1. Signa: One such capsule after each meal and at bedtime.

Locally, after the sodium bicarbonate had drawn open the many apertures, we applied and are applying now a 1 to 2,000 solution of bichloride of mercury.

The compound resin cerate is another good local application to draw open a carbuncle, when the slough cannot be removed with the knife, owing to the debilitated condition of the patient.

To hasten granulation and to cast off the slough, I know of no better antiseptic to produce the required result than powdered red cinchona bark, which we will use in this wound. We will fill the wound with the powder and then apply the following stimulating ointment:

Hydrargyri ammoniati ..... grs. 10  
 Creosoti (beechwood) ..... mins. 10  
 Olei eucalypti ..... mins. 10  
 Camphoræ ..... grs. 10  
 Unguenti plumbi subacetatis,  
 Unguenti zinci oxidi, aa. .... oz. 1  
 Misce et fiat unguentum. Signa: Apply locally as directed twice daily.

The patient has been exceedingly weak, hence we did not resort to the surgical treatment, because the shock of the operation is often sufficient to cause death in the asthenic type of patients, as is the case in this man.

The prognosis in this case is good, now; but the malady should always be consid-

ered dangerous, especially in the aged and very young. Should complications arise the prognosis becomes very grave.

—:O:—

Carbuncle, treated mincingly, becomes an exceedingly desperate disease. Here if ever promptness and decision are requisite. We have an acute microbic infection that is rapidly overcoming the systemic resistance and under the resulting toxemia the patient's vitality fails. Hence we applaud the bold and vigorous treatment of the great Philadelphia therapist. While the bodily forces are aroused and reinforced by the most powerful tonics, he does not neglect to oppose directly the invading organisms by

the use of their most potent antagonist, calx sulphurata. We should be wanting in our duty to our readers were we to neglect warning them that this agent must be of full pharmaceutical quality to be effective, most of the dissatisfaction with it being due to the use of worthless specimens. The rest may be referred to the use of too small doses, the profession being somewhat fearful of this harmless agent. The writer has given many thousands of doses, of full U. S. P. strength, pushing it sometimes even to fifty grains in twenty-four hours, and has never noted the slightest ill resulting. Get rid of the fear and give boldly to full saturation, and learn what a power you possess in this drug.—Ed.

## HYDROPHOBIA: IS IT HYSTERIA?

There are men in the profession who still believe that hydrophobia does not exist as a separate disease, but that it is "hysteria" or "imagination." Shall we believe this?

By JOHN M. SHALLER, M. D., Denver, Colorado

IT seems very strange that there are men, standing high in the profession, such as Charles K. Mills, Theophilus Parvin, Joseph W. Hearn and Edward C. Spitzka, who strongly assert that they have never seen a case of hydrophobia, and really deny its existence.

The fact that these men have not personally seen a case of hydrophobia, no matter how wide their experience, is not a good argument in favor of its non-existence, particularly so when it is considered that there are many men of equal eminence who assert, positively, that they have seen cases of undoubted hydrophobia both in men and in animals. The writer, himself, has seen one case of hydrophobia, occurring in a boy six years of age, in Cincinnati. He called in Drs. Ranschoff and Whitaker, not only to have the diagnosis verified, but to have witnesses to the fact that hydrophobia did exist.

The claim made by some of the first-named physicians is, that "hydrophobia"

is really hysteria but is ignorantly called hydrophobia. Now, whether or not the medical profession is willing to admit that dogs are susceptible to hysteria, I am not qualified to say. If the symptom-complex which goes to make up what we call hydrophobia is hysteria in the human being, it must also be hysteria in dogs. No one is likely to make the assertion that "suggestion" to a dog, when bitten by another dog, will cause him to manifest the symptoms of hydrophobia.

This is the manner in which hysterical persons may sometimes develop hydrophobia. There must first be a dog-bite, and whether that dog be mad or not, thinking about it or having the suggestion made is sufficient to produce the symptoms of hydrophobia. In hysterical patients, from what we know of them, it is even not necessary that they should be bitten by a dog for them to simulate hydrophobia. The medical profession is inclined to believe that this class can have anything that they

wish in the way of disease by thinking that they really have it.

#### *The Author's Case of Hydrophobia*

In the case of the patient whom the writer had under his care, the primary wound, which was made on the arm and had been thoroughly cauterized, was not severe. Between three and four weeks later the symptoms of hydrophobia set in, consisting of violent spasms of the throat and thorax, preceded by priapism for forty-eight hours. These spasms continued for three days, with no amelioration, and in spite of all that could be done the patient died.

The dog was killed and examined immediately after biting the boy, but nothing was learned through this source. If this case was hysteria, as a number of physicians might believe, and so dangerous as to produce death, it is certainly an uncommon form of hysteria, for acute hysteria rarely ever causes death in the course of two or three days. If the condition manifested in the above and in similar cases which have been seen by hundreds of physicians throughout the country is not hydrophobia, or rabies, it is dangerous enough to produce death. Disease of an acute nature, which produces death within two or three days, after the most intense suffering, certainly ought to be classified and be called something. No matter what our learned brethren may say about the non-existence of hydrophobia, something very serious happens to some people who are bitten by dogs. If (?) it is just "hysteria" or "imagination," unfortunately it is severe enough to kill.

#### *Why not Harness this "Imagination" and Use It*

If imagination kills, it is certainly extremely potent. A power that can produce such intense suffering and so horrible a death, is capable of doing a corresponding amount of good, if cultivated and induced to act along opposite lines. If there is a power (imagination) that can make sickness and kill, it can also make well. Let us, one and all, seek to place this imagination under control and teach it to be useful

and potent in health, so as to utilize it in disease. Any set of symptoms that kills within three or four days ought surely to be recognized, unless one is a Christian scientist and denies the existence of all disease.

Dulles collected seventy-eight cases of hydrophobia occurring between the years 1888 and 1894. Any physician who is familiar with hysteria, and who has also seen hydrophobia with its intense suffering and horrible death, will not be likely to confound the two. If death were common in hysterical patients after an attack of two or three days' duration, we might be more likely to accept the idea that hydrophobia is really hysteria.

#### *Hydrophobia not the Best Name*

The term "hydrophobia" itself probably is not a good name for the disease, as the dread of water itself does not always exist in these patients. Then, again, it is not the dread of water that causes the patients to be thrown into convulsions, but it is the act of swallowing water or food, or even the sight of water, which produces the thought of swallowing with its pain and stress that throws the patient into convulsions. Hydrophobia is the name given to a disease in which the dread of water does not always occur.

There certainly is something that is conveyed from the animal to the human being, in the act of biting, that inoculates the blood with a specific substance which produces a train of symptoms that frequently terminate in death. To deny this fact would be just as reasonable as to deny the fact that the human being can be inoculated by syphilis.

A man has no right to say that hydrophobia does not exist simply because he has never seen a case of it or because he does not understand how the disease can exist without his ever having seen it. It is more than likely that men who make such assertions have simply formed the opinion that there is no such thing as hydrophobia by having heard someone in whom they had confidence express himself along

these lines; or they honestly have come to this conclusion of their own accord, and having once made this assertion, and at the time honestly believing it, they will not allow themselves to think otherwise, no matter what proof is brought to them.

#### *A Specific Cause Necessary*

If there were no such thing as hydrophobia, how could well animals by inoculation with the spinal-cord extract of animals that have died of hydrophobia be made to show all of the symptoms of this disease and finally die of it? It would certainly take a very vivid imagination on the part of a dog to make him so dreadfully and horribly sick as to die. There must be something of a specific nature, then, in animals that have what is generally known as hydrophobia, to make it possible to produce this disease in other animals by inoculation.

This is a fact very difficult to deny. Of course, the men who do not believe in hydrophobia would even deny that such inoculation from animals that have hydrophobia produces a disease which causes death, or, if a disease is produced which causes death in the animal inoculated, they might ascribe it to hysteria, which was brought on by suggestion.

The writer is free to confess he is not well enough versed in veterinary science to know whether dogs have hysteria or not, or if hysteria in dogs is produced in the same way that it is produced in human beings. There is one thing that would be difficult to account for, and that is, that dogs and human beings die of acute symptoms after having been bitten by a dog that has been acting strangely. It is not a usual thing for a well-behaved dog to run about the country and suddenly become vicious and unfriendly toward every other dog or every person and attack every living thing with which he comes in contact.

Now, this may be nothing but hysteria; according to the ideas of the doctors quoted in the first paragraph of this article it may not be anything at all; but the fact remains that people and dogs die. So far as the

dog is concerned it may not make very much difference, but human beings die a horrible death from this disease—whatever it may be. There is no use of denying it and it seems an absolute folly to deny the existence of such a disease.

There is another point that ought to be taken into consideration, and that is, the opinion of the laity. Now, it is an absolute fact that doctors do not receive all of their knowledge from the medical profession alone, but many and various discoveries have been made and are still being made by the laity which prove to be of great value to medicine.

When people see a dog that they have known many years acting strangely, they know something is the matter with him. It does not require a doctor to tell them that something is wrong. Then, when this dog bites other dogs and bites human beings, and when some of these dogs, after a certain length of time, also begin to act strangely and bite other dogs and people, and when some of the people who are bitten, after a certain length of time show certain signs and symptoms and in the course of two or three days die, you can not convince the people that hydrophobia was not the cause of the death or was not the cause of these dogs acting strangely and biting others.

Doctors may deny the existence of hydrophobia as much as they please, and no matter how learned they are, all the denials they make can not convince people in general that hydrophobia does not exist. It is hydrophobia without any doubt, and whether the name is a correct one or not, it certainly does not make a particle of difference because these symptoms have been classified as hydrophobia. It would be just as wise for me to make the statement that leprosy does not exist because I have never seen a case of leprosy. This would follow along the same lines of argument as those used by the physicians mentioned in the first paragraph. I have read about leprosy; so have the doctors above mentioned read about hydrophobia. I have seen cases that have been called leprosy

that have turned out to be something else; but for this reason I cannot say that leprosy does not exist.

In order to make their assertion good these physicians ought to be able to demonstrate clearly and positively that people die of acute hysteria within two or three days, and that dogs have hysteria and die of it in the course of a few days, and when this can be proved there will very likely be a great deal more strength to the arguments they

use when they state that hydrophobia does not exist either among human beings or among animals.

Let us hear from our CLINIC friends. Have you ever seen a case of hydrophobia in man or beast? If so, tell us about it.

—:o:—

I have seen one typical case in a child of four years. No sane, educated physician will deny the existence of this terrible affection.—ED.

## THE EARLY DIAGNOSIS OF PHTHISIS

A review of the methods of arriving at an early diagnosis of pulmonary tuberculosis, and a statement of the relative importance of the various signs and symptoms

By P. S. HANN, M. D., Dover, New Jersey

**T**WENTY years ago pulmonary tuberculosis was rated by the profession and laity as a well-nigh hopeless malady, and the isolated recoveries reported were either thought to be examples of mistaken diagnosis or marvelous exceptions to the rule.

When Koch, in 1884, demonstrated his germ theory and the tubercle bacillus entered the field as an element to be considered in the treatment of tuberculous subjects, it constituted a tangible basis for scientific research and investigation, and former apathy, induced by constant failure, was immediately replaced by enthusiasm, and professional interest and study received their greatest stimulus at this time. New diagnostic devices were rapidly introduced, and either rejected or accepted, as the merits of the case might prove. Innovation in general and special treatment naturally followed, and the largely increased percentage of recoveries (as high as 40 to 60 per cent) observed among incipient cases prove conclusively that the high mortality of the past was due rather to late diagnosis than any other single factor.

Again, it is well to bear in mind that imperfect methods of diagnosis in the old days

overlooked thousands of cases of tuberculosis of the lungs which went on to spontaneous cure without ever being recognized as phthisis. The patient was simply thought to be in decline or to be afflicted, perhaps, with a winter-cough which would disappear with the advent of warm weather. As conditions became more favorable, usually the patient would recover or possibly might improve only temporarily, in which event the typical exacerbations would occur, and finally, when the disease had reached an advanced stage, the disorder would be pronounced consumption. It was this type of cases which made statistics at that time, and under the circumstances the strong prevailing sentiment against the curability of tuberculosis of the lungs is not strange. Considering these facts, it cannot be denied that early diagnosis is the paramount essential in the successful management of patients afflicted with pulmonary tuberculosis.

### *The Symptoms and Signs of Early Tuberculosis*

In approaching this subject, it has occurred to the writer that possibly the interpretation of the title of this paper may not be clear.

I desire briefly to describe the more important symptoms and physical signs which may lead up to a diagnosis of incipient tuberculosis of the lung, and not to include acute tuberculosis in any form.

Many authorities at this time recognize a pretubercular state, although just what may be the limitations of this term is rather vague. Should it refer to a period immediately prior to the actual eruption? Predisposition and general physical conformation must necessarily control the diagnosis to a considerable degree.

While these characteristics must surely serve as a warning to the individual, they would indeed seem slender evidence upon which to base a diagnosis of tuberculosis, even though it may be fair to assume that the disease will develop at some later date.

If, however, this so-called pretubercular stage is intended to cover a period immediately subsequent to the actual eruption of more or less active subjective symptoms, this condition may no doubt exist pathologically but hardly clinically; at any rate, the term "pretubercular" is obviously misleading when thus applied.

Of the early objective symptoms of pulmonary tuberculosis, perhaps the first to attract attention is anemia, or more properly speaking, pseudoanemia, for a blood-count at this time will rarely show a deficiency in the percentage of hemoglobin or a decrease in the number of red blood corpuscles.

As the disease advances, especially if it be acute in character, a true anemia supervenes. This pseudoanemia is explained as being a neurosis producing vasomotor disturbance.

Occasionally slight hemoptysis will apparently be the first warning received by the victim of pulmonary tuberculosis. Blood spitting need not always signify the presence of phthisis. Yet, in the absence of positive evidence indicating the nose, throat or stomach as the origin of the hemorrhage, the patient cannot be subjected to too rigid a medical examination.

The burden of proof lies with the physician; it is not sufficient to show the absence of an acutal pulmonary lesion, but the

up-to-date diagnostician is expected to prove that tuberculosis either does or does not exist, even in some other latent state. Cough is probably the most constant of all symptoms and, as a rule, when a chronic cough is not related in any way to throat, heart or stomach irritation, a careful examination will usually find tubercular foci at some portion of the lung.

In case of failure to discover a pulmonary lesion, an aural examination may clear up the diagnosis. A short, dry hacking cough, either with or without constant scraping of the throat, is strongly suggestive of early pulmonary tuberculosis. There is rarely sputum at this time, though a small amount of mucoid catarrhal type of expectoration may be present.

Should microscopical examination of the sputum disclose the existence of tubercle bacilli, of course the diagnosis of tuberculosis is clear; and a failure to discover tubercles about the nose, throat or mouth, naturally by exclusion, proves the presence of the disease at some point in the lower respiratory tract.

On the other hand, a negative sputum need in no wise affect the diagnosis. Hcarse-ness with usual evening aggravation is commonly observed among a great many phthisics.

It is supposed to exert special influence upon prognosis, inasmuch as tubercular patients in which this symptom is prominent are prone to develop laryngeal complications. With the development of the tubercular eruption in the lung is usually associated pyrexia. As a rule, there is elevation of temperature at this time.

It is a fact, however, that this febrile manifestation may antedate the cough and other subjective symptoms by several weeks or even months, and is, therefore, a symptom of no little value.

Hyperidrosis, when occurring in connection with pulmonary tuberculosis, usually appears late in the disease, when the absorption of toxins is naturally most active. It is also, however, a symptom which frequently develops at the very onset of the attack, especially in connection with a

marked subnormal early morning temperature.

This so-called night sweat, though it may serve as a connecting link in the chain of diagnostic evidence, must not give too much weight, as it is a common symptom of many other diseases and conditions.

#### *Complicating Gastrointestinal Disturbances*

Gastrointestinal disturbances of various types may complicate at an early date the development of phthisis pulmonalis, and the unfavorable effect governing prognosis in these cases is indisputable. It is with patients of this class that early emaciation is observed to be so rapid and the usual remedial agents so unavailing.

Anorexia, oftentimes an early and prominent symptom with this class of invalids, can generally be traced to digestive disturbances of some kind. Pyrexia also, however, is prone to exercise a most baneful influence upon the appetite, and occasionally this troublesome symptom may exist regardless of the foregoing conditions, in which event it is undoubtedly of nervous origin.

Anorexia, with progressive loss of weight and a chronic cough, are frequently the only manifestations of physical disorganization which first suggest to the patient the advisability of securing medical advice.

Tachycardia, especially of nonfebrile type, when occurring in connection with other prominent indications, is a valuable indication and many times an early manifestation of tubercle formation. The pulse in these cases is not only rapid but usually weak as well; in fact, a small, weak heart and consequent deficient circulation have been mentioned by a number of authorities as influencing to a marked degree the development of tuberculosis.

#### *The Intimate Relation to Pleurisy*

Pleurisy, while formerly reckoned as a separate and distinct affection, has proven to be so intimately related to the development of pulmonary tubercle that many authorities now claim that 60 to 75 per cent of all pleurisies are tubercular in origin.

Many tubercular patients will voluntarily cite an attack of pleurisy as the first appreciable symptom of their illness, and others, upon inquiry, will recollect an old pleurisy of many years' standing. Chronic diarrhea, especially should it be of long standing and unyielding to treatment, is apt to prove tuberculous in nature, and an abdominal examination under these circumstances will usually reveal areas of exquisite sensitiveness and the presence of hypertrophied peritoneal lymphatic glands.

Should the diagnosis still prove obscure, a microscopic examination of the feces will, as a rule, show the existence of tubercle bacilli if the enteritis be tubercular in character. These cases will almost uniformly develop tubercular deposits in the lungs if they do not already exist. It is not intended to convey the impression that the intestinal tract may not be the site of the original tubercle formations, but simply to emphasize the fact that secondary pulmonary infections usually occur before the enteric symptoms are sufficiently prominent to attract attention.

It is indeed rare to note a true case of primary tubercular enteritis. Chronic hypertrophy of the lymphatic glands, especially of those located about the throat and neck, is always suggestive of tuberculosis, and the careful diagnostician will not fail to include a thorough pulmonary examination before venturing upon a final diagnosis. Very often the persistent dyspnea which is so distressing to many of these cases is entirely due to the pressure exerted by the hypertrophical bronchial glands.

The development of an anal fistula should always cause the attending physician to suspect tuberculosis. It is, of course, an exaggeration, and even fallacious, to classify anal fistulas as tubercular processes; yet, that these two conditions are in many instances strongly associated is becoming more and more an accepted fact.

#### *What may be Learned by Inspection*

Of the various methods employed by the diagnostician in forming a true conception of the existing physical signs in a

suspected case of pulmonary tuberculosis, inspection usually proves a most valuable aid.

The superficial structural changes brought about by faulty assimilation and the development of the tubercular process is generally painfully apparent to even the experienced eye.

The thorax naturally suffers the greatest change. As the breathing capacity diminishes, the chest becomes flattened and hollow, the shoulders lax and drooping and the scapulæ wing-like and everted. As a result of these pathological changes, the corresponding section of the vertebral column becomes sharply convex and the intercostal spaces markedly widened and depressed.

With the progress of emaciation these characteristics become more and more pronounced. The skin is anemic and scaly and the superficial veins more or less prominent about the upper chest and arms. The respiratory act is diminished about the entire chest and more particularly over the affected pulmonary tissue.

Infection of the pupils and deformity of the nail-appendages, when taken in connection with the other conditions, are also significant of the development of phthisis pulmonalis.

As the alveoli yield to the tubercular eruption-process, the air capacity becomes more and more embarrassed. Actual dullness, of course, cannot be obtained short of consolidation, whether catarrhal or in-

filtrating in nature, but full resonance undoubtedly becomes modified through the advent of the early eruption. The lining membrane of the air cells becomes thickened and numbers of alveoli occluded and the percussion note correspondingly short and high-pitched. Auscultation is probably the most delicate method at our disposal in contemplating the physical examination of a victim of suspected pulmonary tuberculosis.

Even prior to an acutal infiltration there is a lack of muscular tonicity, a deficiency in cellular expansion sufficiently marked to attract the attention of the expert diagnostician. As the eruptive stage develops, the normal soft respiratory note decomes more and more roughened and harsh. The expiratory murmur lengthens and interrupted, or cogwheel, breathing frequently appears.

Soon an occasional moist rale is heard at the termination of a deep inspiration. In this connection it is always well to practise auscultation when commencing the pulmonary examination, as these early crepitant rales usually soon disappear and may, therefore, entirely escape the attention of the examiner. The diagnostic value of tuberculin is problematical—at any rate, the champions and opponents of the method seem equally positive in their deductions. Personally, my experience with tuberculin has been limited to less than one dozen cases and, therefore, too slight to base upon this any definite opinion.

## NEURASTHENIA IN ADULT LIFE

This is the fourth paper in the series on "Neurasthenia". Cases are narrated illustrating the nature, development and perverted mental and physical conditions of different types

By WOODBRIDGE HALL BIRCHMORE, M. D., Brooklyn, N. Y.

### III

In the case of rheumatism, pseudo-hypertrophy, neurasthenia and in ataxia certain symptoms no doubt might confuse the diagnosis, but in each case a symptom

is prominent which seems to make any serious confusion impossible.

*Rheumatism.*—In the seeming hypertrophy of rheumatism, especially when it has lasted longer than ten days or two

weeks, evident changes are seen in the skin.

The surface is either covered with scurf which is easily removed by the bath, but so soon the skin is dry, is again renewed; or the surface of the skin shines as if it were greased. The muscles are infiltrated and have a certain hardness.

*Pseudo-hypertrophy.*—The muscles appear to increase in size without any corresponding increase in strength; the muscles also are somewhat soft to the touch and the reflexes are either much increased or are quite diminished. The skin is often hyperesthetic, and brushing the skin with a soft brush or painting it with a feather will cause twitching of the muscles of the skin, and sometimes even convulsive movements of deeper muscles.

In cases with *ataxic symptoms* the increase in size is accompanied by a smooth shining skin, excessive reflexes, or their total absence. Usually we find no knee-jerk or ankle clonus, but sometimes an unusual one, and an exaggerated knee-jerk may be accompanied by the corresponding loss elsewhere, in this first, the preataxic stage of ataxia.

If an attempt is made to examine the muscles individually it will sometimes be found that while a muscle will not react to stimulation of the sensory surface, which is its synalog, it will react strongly to its paralog, as if the lines of impulse had become entangled.

In neurasthenia we find that there is no such confusion of function. If the centripetal transmission with respect to any superficial nerve is interfered with, the centrifugal transmission will be equally delayed.

The skin never takes on the smooth, dry sheen of the ataxic nor the greased appearance of the rheumatic, but the epithelium is desquamated very much more rapidly than normal. The muscles increase slowly, not by leaps as in the pseudo-hypertrophy, and they have the characteristic feeling of fattened muscles. The fattening is real, the muscle is not flabby. Electrical stimulation by way of the nerve ap-

pears to be delayed, much delayed, in some cases.

### *The Loss of Weight*

It is therefore the duty of the physician in every case when a patient says that he has gained or lost weight recently to examine the muscles to make sure that the cause of this loss or increase is not neurasthenia. From what has been said, the diagnosis should present few difficulties, but the diagnosis is of so much practical importance that the time needed to make it may well be thus employed. It has been suggested that a very important aid in this diagnosis is to be found in reflexes between the heart and respiration center when a piece of ice or a test-tube filled with ice or snow and powdered sal ammoniac is brought into contact with the skin. In the ataxic the blood-vessels respond very slowly and it will be some seconds before the sensation of cold is recognized, while the sensation of touch will be wholly wanting.

Also the patient having been warned that the tube is filled with ice water, if able to see the tube touch the skin, will react as if it were ice water; or if he be told that the tube be filled with hot water, he will react correspondingly even if the tube be empty or filled with solid ice. This is not the case with the neurasthenic, as the centers in the peripheral apparatus have not yet undergone degeneration. It is true that some persons will say that this is taking much trouble, but we answer that the condition of peripheral neurasthenia can be detected, in many patients, long before it is suspected and long before neurasthenia of the intelligence and will can be detected or suspected in any; and therefore peripheral neurasthenia should be suspected, until it has been eliminated; in any case, it should be looked after.

### *Neurasthenia vs. Senectitude*

The diagnosis between the neurasthenia of the intelligence, of the intellectual faculties, the memory for example, and the mischief resulting from senectitude, is much less easily established than is this one just

discussed. So difficult is the diagnosis that some persons have said that even those who said that the diagnosis was possible were not certain what the word diagnosis really stood for in this connection. The dementia which results from neurasthenia coming on, as it does, often suddenly but much more often gradually, however, begins with the memory, as has been said, but it is not like the loss of memory of the progressing dementic. He, the neurasthenic, knows that he is becoming habitually forgetful, but the other who is demented is not conscious that he has forgotten anything.

The neurasthenic, anxious himself about this forgetfulness, and like all invalids impressed with a consciousness of the importance of his illness to the world at large, makes no attempt to conceal it, and anxiously seeks advice. *Per contra*, as Doren has so well said, "the dement whose memory is in such condition that he cannot tell you what he has had for breakfast will boast to you of his excellent memory. The diagnosis can be made on this trait alone."

#### *When the Will is at Fault*

When the will is the seat of the degenerative change, or more properly, when the degenerative change assails the cells whose function is the will, the about-to-be dement is unwilling to listen to reason, his headstrong mind sweeps away all barriers, and the diagnosis can be made, as it were, at sight; but the neurasthenic begins his new life in a different mood, he wants advice and he avoids responsibility. To use the only phrase possible, his judgment has gone wrong and he knows it. The insane man believes his judgment to be superior to that of all human beings, the neurasthenic wishes to assure himself that his is not inferior, not to the ideal but to the average about him. Why this inability to decide, to come to any conclusion, takes this form, has not yet been determined, but it does take it. The will decides, can decide, will decide nothing, and the man who in health would decide on a course of action involving his whole future in two

minutes after he has put his facts in shape, will halt and stammer over the purchase of a pair of gloves or a bath towel, as if the purchase of this bath towel were the one important act in life.

These characteristic differences should make the diagnosis easier than it usually appears to be, the more so because the neurasthenic cases are not so very uncommon. It is worth the physician's while however to bear in mind this fact, that while analysis of the symptoms will bring out the three groups most distinctly, the case will not come before him with the symptoms classified and labeled; not by any means. The picture presented is certain to be composite, and this composition will contain the three groups of manifestations in very unequal groupings. Sometimes one of the three will vitally engross the other two, so that careless observation may cause utter misunderstanding. Thus the muscular weakness may be so marked that the halting memory and doubting will appear to be not the result of nervous but of bodily weakness, and the physician will say, "As soon as he becomes stronger all will be well," blind to the fact that the increase in bodily (muscular) strength will not do any permanent good until the nutrition balance has been restored. Indeed, he may find all his therapeutic art failing him unless he can discover a process of removing from the body those products of its own activity with which it has become intoxicated.

#### *The Difficulty of the Problem*

The problem is certainly complicated, the task gigantic. It is needful to remove from the body some ounces of the clinical products of its life processes, to furnish to the cells the raw materials from which new and normal cell-contents can be made; and yet we must remember that the vital adaptation has gone so far that the true normal and natural food must be in effect abnormal and unnatural until some measure of health has been regained. To accomplish this task the first requisite is rest, rest total and complete, the infant's rest,

in which as far as may be outward sensation is substituted for introspection, and instead of the mind occupying itself with the problems of its daily wont, other problems must be found which will interest it without working, or better still, will not interest it.

Years ago circumstance made me the constant companion of one of these cases. I imagined that I was only the usher to Grim Death, but I soon learned otherwise. The nervous, excitable, anxious man was placed where his rest was absolute. The first day he was rather hard to manage, but removed from noise, well fed on food easily digested and stimulating to the elimination apparatus, he soon began to mend, and by the end of the week was so much improved that he began to sleep. He ate and he slept, had his bath and slept, wakened, ate and slept. For three whole months his life was an interrupted nap, but at the end of that time he began to take an interest in things. At first it was his food and the impressions made directly upon the senses. He really was as one who had no other interest in life than an infant might have had. Not once had he asked for his family or as to their being and condition. One morning I noticed that he was awake and was evidently thinking, and presently he said: "I must have been asleep a long time. Where is my stenographer?" Then, comprehending that he was in bed, he acted as if puzzled, and after a few minutes said: "I begin

to realize that I have been ill. Who has attended to my business?"

"Your son and the office staff."

"Can you not send for my son?"

I suggested: "Don't you think it would be better if you wrote to him yourself?"

Three months later he was in Europe, and within a year was enjoying almost perfect health, although he showed no disposition to oust his son from the control of his business. His will was no longer in fetters, his ability to understand and combine appeared as perfect as ever, but instead of a series of vast ambitions his desire appeared to be to travel; and so acute were his observations on business possibilities and prospects, that his son declared that his judgment was just not infallible and no more. Yet but for the accurate diagnosis the man would have gone to an asylum for demented paretics. Two specialists said: "Paretic dementia." One said: "Extreme exhaustion with general neurasthenia." Two said: "He will be a dead man in two years." The other said: "He will be able to claim a useful place in life in about three years." And he did.

From what has been said it can be seen that neurasthenia in male adults may exhibit many forms, but if carefully observed may be accurately diagnosed and successfully treated, at least sometimes, if the medicines given are but mixed with the secretion from the attending physician's brains, these being healthy.

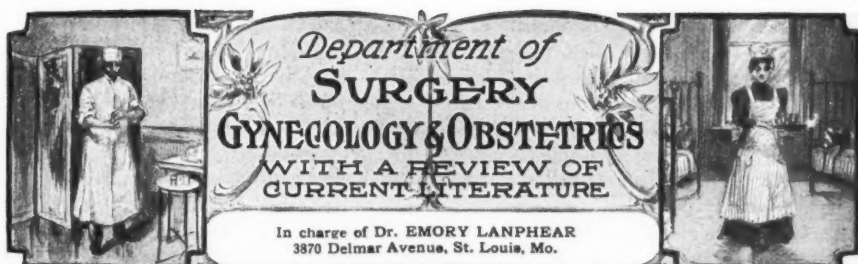
## A SONG OF COURAGE

BY ALFRED J. WATERHOUSE

If the world has gone wrong, and life is a song  
Where the minor chord's given to wailing;  
If the skies have wept tears, and at trouble and fears  
The souls in our bosoms are quailing;  
If we look through a maze unto desolate days  
When our hearts shall be weary, so weary;  
If we've thrown and have missed and are dropped  
from the list  
Of the ones who are happy and cheery;

Why, still, do you know, we may fight, as we go,  
A battle that's stalwart and onward;  
We may raise, though we fall, unto error no thrall,  
Cleaving upward and starward and sunward;  
And the light of our eyes, though it flickers and dies,  
We may see reappear in another's,  
For the God-given light that shall scatter the night  
Is the smile on the face of our brothers.

—The Business Philosopher.



## GYSTOPEXY FOR FALLING OF THE BLADDER

Methods of treating this troublesome condition, with the description of an operation which the author has devised and found successful. An illustrative case

By A. LAPHORN SMITH, B. A., M. D., M. R. C. S. (Eng.), Montreal, P. Q.

Surgeon in Chief of the Samaritan Hospital for Women; Gynecologist to the Western Hospital and to the Montreal Dispensary; Consulting Gynecologist to the Women's Hospital, Montreal

**A**MONG the many causes of cystitis there is one which has received very little attention in the text-books, namely cystocele, or falling of the bladder. This condition generally accompanies falling of the uterus but may occur alone. The cause of cystocele is a difficult labor, in which the head pushes the bladder before it, although it must be said that it is, more frequently, due to the too early use of the forceps. With this instrument the head may be dragged down with great force, tearing the bladder away from its attachments to the back of the pubis and to the anterior abdominal wall, to which it is held by the urachus and the peritoneum. The accident is more liable to happen if the bladder has not been emptied shortly before the passing of the head.

### *The Diagnosis of Cystocele*

The condition of cystocele is best diagnosed while the woman is standing, when a soft, round ball will be felt projecting from the front of the vulva under the pubic arch. If there is also prolapse of the uterus the cervix will be felt just behind it, while back of that again there may be a rectocele. When the woman is placed on her back, on the

examining table, the round mass will become smaller but will not disappear altogether unless the bladder be emptied with a catheter. When the latter is introduced, instead of going upward and forward behind the pubic arch, it must be turned downward and backward in order to enter the bladder. Moreover, even if the woman has just passed water, some more may still be obtained, this being residual urine. The woman herself when complaining of this mass almost always thinks that it is the womb, although I have sometimes found that the uterus was in good position, so that her diagnosis may be misleading.

### *A Description of the Symptoms*

The following description of the symptoms is taken from one of the latest text-books and is all the notice of this condition that I have been able to find therein:

"When the cystocele has become at all marked dysuria is present and considerable effort must be employed to empty the bladder. Thus another cause for increasing the cystocele is generated. Complete evacuation of the bladder becomes impossible; a little urine is retained and decomposes; an irritable and inflamed condition ensues at

the neck of the bladder, followed by *ardor urinae*. As the cystocele increases in size the neck of the uterus is pulled upon more and more and the descent of the whole organ facilitated. Thus it is that once the prolapse is accompanied by cystocele and rectocele, these conditions become causes for such efforts to empty the bowel and bladder as still further to add to the descent. The condition very much resembles that of retention of urine in the male from enlarged prostate, and is due to the same cause, namely, the presence of residual urine."

The remedy advised in most of the textbooks is drainage of the bladder by a button-hole fistula into the vagina. This undoubtedly cures the cystitis by draining from the lowest point and doing away with residual urine, but as it necessitates the woman staying in bed and that she should be constantly lying in cloths and pads saturated with urine, the remedy is almost worse than the disease. And there is no end to it, for as soon as the fistula closes, the cystitis returns. A catheter *a demeure* is much preferable, while even passing the catheter two or three times a day, as men with enlarged prostate do, gives some relief without the discomfort of a fistula.

#### *Operative Cure for Cystocele*

A better thing still is to cure the cystocele, and for this purpose Stoltz's operation on the anterior vaginal wall has been considered the most effective means for the last twenty years. It is not always successful, as the scar or the adjacent weakened tissue gradually stretches again and allows the bladder to fall. Reynolds of Boston devised an operation three years ago for bringing the separated pelvic fascia together again in the middle line, and Dudley of Chicago has invented still another operation, one that is much more complicated, with the same object in view.

A little more than three years ago I proposed the operation of cystopexy, or fastening up the bladder to the abdominal wall, as a remedy for cases of cystocele accompanied by falling of the uterus causing enough discomfort to justify the slight risk of opening

the abdomen. My first case was reported in April or May, 1904, and proved entirely successful. It was performed on an elderly woman who had been treated for a long time with medicine and washing out the bladder without curing her. In her case, she being long past the menopause, the uterus was small and there was no prolapse of the same.

Since then I have done cystopexy several times as one of a series of operative procedures for cystocele, rectocele and prolapse of a lacerated and retroverted uterus; namely, first dilation, second curetting, third amputation of the lacerated and hypertrophied cervix, fourth posterior colporrhaphy or perineorrhaphy for rectocele following a lacerated perineum, fifth cystopexy instead of Stoltz's operation, sixth removal of large, heavy and cystic ovaries, seventh ventrofixation; requiring altogether from an hour to one hour and ten minutes.

As the operation has not received the attention it deserves, judging from the few cases which have been reported by other operators since I reported my first case, I wish now to report this one, with the hope that the method will be tried by some of the more prominent operators, and if found to be as valuable as I believe it, that it may be adopted as a standard method of treating these rather intractable cases of bladder trouble.

#### *Technic of the Operation*

The operation is very easy to perform. After the abdomen has been opened rather near the symphysis pubis the bladder will be seen lying low in the pelvis and must be gently grasped with a bullet-forceps and drawn up as high as it will go without employing any force. Both the peritoneal surfaces on the bladder and the anterior abdominal wall are now scarified or criss-crossed with a needle until there is slight oozing. A curved needle is then passed through the abdominal wall, including all layers except the skin and fat, then under the peritoneal and muscular layers of the bladder and out through the peritoneal and muscular layers of the abdominal

wall on the<sup>m</sup> other side, bringing after it a chromicized catgut thread, strong enough to last a month. Two or three similar stitches are passed at intervals of half an inch, after which they are firmly but gently tied. This is generally followed by fixation of the uterus about an inch higher up on the abdominal wall, although in one case there was no need for doing it as the uterus was in good position.

Care must be taken not to allow the needle to go through the vesical mucous membrane although there is very little chance of doing this, as the needle can be kept in view all the time as it passes under the transparent peritoneum and muscular layer of the bladder. The larger the area of scarification on the bladder and abdomen the stronger will be the adhesions and the more certain will be the result.

No precautions are necessary with regard to emptying the bladder; as a rule the patient can do this without the help of a catheter from the very first.

#### *A Case Reported.*

Case. Mrs. W. B., age 53, was sent to the hospital by Dr. Pickell on the 29 of October, 1906, for "bladder and womb trouble." She was born in England, began to menstruate at 16 and continued to do so normally until her marriage at 21. She had six children, the last one eighteen years ago. Her first labor was so severe that she had two doctors with her for seven hours and it had to be terminated with instruments. She had

no miscarriages. She had the menopause at 47. She complained a good deal of bearing-down or dragging pains and often felt as if her insides were coming out. She had been troubled with frequent micturition and sometimes had to pass water every five minutes, having to strain a great deal without passing very much.

On examination the uterus was found to be retroverted to the second degree. The perineum was not bad enough to cause a rectocele but there was marked cystocele which did not go in when lying down. She thought that this round mass was the womb, but the latter did not come out at all. After a week of preparatory treatment her abdomen was opened and the bladder picked up with a pair of bullet-forceps which did not go into the cavity but only through the peritoneum and muscle, and after being given a wide and thorough scarification was attached as above described. Then the retroverted uterus was caught up and attached in the usual manner.

The result was very marked. The very day after the operation she was holding her water for four hours. I have since heard from her physician, who writes under date of March fourteenth, that he had called several times to see Mrs. B., but she was out each time. Her husband informed him that she was completely relieved of her long-standing complaint, especially the bladder irritation and the old bearing-down pain. He closes by saying: "I think the operation entirely successful."

### OPPORTUNITY

They do me wrong who say I come no more,  
When once I knock and fail to find you in;  
For every day I stand outside your door,  
And bid you wake, and rise to fight and win.  
Wail not for precious chances passed away,  
Weep not for golden ages on the wane;  
Each night I burn the records of the day;  
At sunrise every soul is born again.  
Laugh like a boy at splendors that have sped,  
To vanished joys be blind and deaf and dumb;  
My judgments seal the dead past with its dead,  
But never bind a moment yet to come.  
Though deep in mire, wring not your hands and weep;  
I lend my arm to all who say "I can!"

—WALTER MALONE.

# MONOMANIA MEDICORUM

A discussion of some of the problems involved in the consideration of the relative merits of surgical and medical treatment, with an appeal for greater light

By GUSTAVUS M. BLECH, M. D., Chicago, Illinois

Professor of Surgery, Practitioners' School of Medicine; Attending Surgeon, Park Avenue Hospital

THE eminent gentleman presiding over the editorial cabinet of this monthly, has from time to time expressed his denunciation of so-called therapeutic nihilists in his own and other well-known professional periodicals.

In *The St. Louis Medical Review* (February 18, 1905) under the caption, "The Nihilistic Surgeon and the Therapeutic Optimist," he has this to say: ". . . so, for example, when the surgeon says that 'there is no medical treatment for gallstones'—the people (confiding souls) all too often take this dictum as the last word of the profession—as the literal truth told by the greatest of the doctors. And as they hear of some one condemned to a \$500 operation for appendicitis because the surgeon simply did not know when a cathartic was needed—" etc.

In justice both to Dr. Abbott and to real surgeons be it said right here that the above fragmentary quotation is not intended as a reflection on legitimate surgery, but on surgery as practised by a good many would-be surgeons, or shall I say plain, "regular" quacks? But Dr. Abbott, who perhaps more than any one other author and physician has felt the pulse of the profession, does not say anything startling or savoring of sensationalism; what he says are plain truths, which can be verified every day, especially in large cities.

## *Stemming the Operative Tide*

The writer has selected the above-cited quotation as a text for a few thoughts for which the heading chosen seems the most appropriate. How long ago was it that the columns of the medical press were saturated with appeals to stem the epidemic

"furor operativus." Not long, you will remember. And who was it that discovered that term and who opposed the "fad" with might and main? America's greatest living surgeon—Nicholas Senn.

Surgery is all right and so are the surgeons. Where, then, lies the fault? Wherein can we find the deficiencies complained of by Dr. Abbott? Let us reflect with *sang froid*. Far be it from me to impugn any sinister motives to the gentleman who, on diagnosing "cholelithiasis," exclaims: "You must undergo an operation; there is no medical treatment for gallstones." The man who made that statement may be right—in that particular case. But if he says this to all victims of gallstone, I say: "Have mercy on him, internists! He probably can not help it, for he is either a simple, every-day ignoramus or one afflicted with "monomania medicorum." I hear you ask, what is "monomania medicorum?" Now, really, you must excuse me, I am neither a psychiatrist nor a neurologist, but if it will help you any, I will give you the clinical history of a typical case:

## *Experiences of Nomen Nescio*

Mr. Nomen Nescio attends the medical college, from which he intends to be graduated, and watches the surgical operations performed in the operating space in the theater. He is deeply impressed with the comparative ease with which Professor Chirurgus Illustrius solves the apparently insolvable surgical problems. He even has a chance to watch the patients before they leave the hospital (those that do not leave of their own free will are usually seen only by the professor of pathology) and what wonder he longs some day to stand there where the

greatest of them all wields the surgical scepter. (*Honi soit qui mal y pense!*) This is the first stage of the disease.

In the second stage Mr. Nomen Nescio has the sign, Medicinæ Doctor, on his door and in a small way waits for an opportunity to imitate his master. Oh, here is the first opportunity! A patient has an axillary abscess, a stroke of the knife, and behold! the pus escapes and the patient is relieved and the first "surgical operation" has been placed on record to the credit of Dr. Nescio.

In the atypical cases it happens that instead of pus, blood wells up, an aneurism having been the alleged abscess. In such cases the symptoms cease right then and there, the shock incident to the occurrence curing the patient from his morbid desire to wield a scalpel.

Stage 3. A woman complains of back-ache, pains in the thighs, headaches, vertigo, nervousness, etc.; Nescio secures the services of a colleague who administers an anesthetic. The uterus is hooked on, a dilator carefully inserted into the uterine cavity and made use of. Really, the os dilates just as the text-books depict it. The curet brings away a bit of tissue, even the packing is inserted. The woman stays in bed ten days—and wonderful—gets well. "There is no doubt now," Nescio reasons, "that I am a great diagnostician and surgeon—for there you are!" Of course, a cure at this stage could have been worked if some one had been able to show him the roughly scraped endometrium and the subsequent attempts on the part of our mutual friend, Miss Vis Medicatrix Naturæ, to "patch" up his work, and finally, if someone had been able to convince him that the patient had no endometritis at all, that hers was a plain case of cerebrospinal irritation (neurasthenia) and that the psychic effect of the operation, together with the enforced rest in bed, was the real curative agent; but then there was no guiding hand and so our patient gradually enters the subsequent stages until every headache with him suggests a glioma of the brain or cerebellar tumor, every nasal catarrh frontal sinusitis, every "cold" demands ton-

sillectomy, every pain in the epigastrium pyloroplasty, every bellyache appendectomy, every discharge from the vagina hysterectomy.

In the first stage a curettage was the predominant symptom; in the later stages hysterectomies are by far the predominating feature.

*Complications:*—Only two—egotism and ignorance.

*Prognosis:*—Fair, if energetic therapy be instituted. Spontaneous cures have been known to occur only in the earliest stages.

*Treatment:*—Reading, attendance at medical societies, visiting hospitals, heart-to-heart talks on the part of older colleagues. Prophylactic treatment is one of the greatest value and consists in supervision on the part of some acceptable hospital authorities.

\* \* \*

All jest aside, we must all blame ourselves a bit as being guilty of "contributory negligence." What have we done to prevent the prevalent epidemic of "monomania medicorum?" I fear, very little. True, Dr. Abbott and others are not afraid to tell the truth, but that does not suffice to bring on reforms, and yet something can be accomplished. In the first place it must not be forgotten that no fixed laws can be laid down for the great question, when to operate and when not to operate? We all know that appendicitis is a surgical disease, but because some cases have gotten well under the ice-bag and opium treatment, we find rather sarcastic innuendos in medical magazines, in which the surgeon who operates for appendicitis is condemned in terms which remind me of human kindness, because they are so entirely different.

#### *A Personal Experience*

In daily life we have the same experience. Not long ago the writer was called into consultation in a case which was not very violent so far at least as the subjective symptoms were concerned. The man had a pulse of 130 and temperature of 100.2°F. I, for one, thought his condition critical, demanding operative aid; not so my colleague, the internist. He had education

enough to hurl at me the diagnosis of appendicitis catarrhalis, which would get well without operation. Nothing would make him look at the possibility of danger. So I decided to let him have his way. In the same night I was called by him, perforation undoubtedly having taken place. It was lucky for all of us that the almost immediately performed laparotomy saved the patient's life. And therein lies a great lesson.

It is undoubtedly a curse that a great many practitioners are content when they have named the disease by a Latin term. That there are various stages, conditions and pathologic lesions in practically one and the same disease does not concern them. The labeling of a disease seems with a good many the acme of scientific acumen and achievement. What wonder, then, that many physicians still subscribe for books containing formulas of favorite prescriptions! If they find one that suits them they stick to it through thick and thin. Then we have the spectacle of a physician working year in and year out on somewhat this basis:

Malaria—A prescription containing quinine.

Typhoid—Intestinal antiseptics, sponge baths, diet.

Tuberculosis—Creosote and fresh air.

Pneumonia—As the Lord pleases.

Appendicitis—Pro-surgical ones: operate always and at once; contra: operate only when the patient is dying from peritonitis.

Gallstones—Pro-surgical ones: operate always; contra: give Carlsbad salts and "stone-driving" drugs.

The above must suffice. Isn't that a spectacle for the gods? What difference is there between such physicians and hod-carriers or pattern-molders? Very little, I fear.

#### *The Iconoclast not in Favor*

I know that the iconoclast is seldom *persona grata* and he who dares come out with a sharp criticism is met with derision as a "crank." And yet it is not my desire to be harsh nor to show disrespect, but to

point the way to better conditions. I am willing to stand or fall on the statement that the chief fault with our medical monomaniacs is not to be found in them, but in their faulty education, in other words, in most of our medical colleges. A young man enters the office of the dean of the school, presents his credentials and a certified check and he is immediately transformed from an ordinary citizen into a full-fledged *studiosus medicinae*. A young lady desirous of taking up the less responsible profession of nursing has to serve one or two months as a probationer, before her fitness is determined.

Has the dean even conversed with the prospective student on his notions about the sacredness and the responsibility of the calling of treating the sick? Has he inquired what the young man knows of natural history and philosophy?

Oh, I hear some say, what in thunder has philosophy to do with treating the sick?

Everything, my friends, everything! The physician who is no philosopher is no physician at all. He may have ten diplomas and fifty licenses and belong to all the medical societies of the land, and if he is not a philosopher he is merely a medical hod-carrier.

What is a philosopher? Merely a man who does not follow routine blindly, who has the ability to use his God-given brains intelligently and to think systematically. To such men every patient is a problem in natural history, his instruments of diagnostic precision and his therapeutic armamentarium being mere tools for a high goal—that of solving the problem which was presented to him.

#### *Training—the Good and the Bad*

Do the professors train their students for such work? Maybe some do—but a good many don't.

Instead of familiarizing the new student with the aims of medicine, with the great problems of injury and repair, of inflammation, infection, predisposition, heredity, with the forces within the body which resist disease; instead of acquainting him with

the scientific answer to the most important question: what is disease? instead of describing to him the duties, the powers and limitations of him who undertakes to aid and advise those fellow human beings who are ill, he is given a few dry bones and told to "grind" until he remembers every tuberosity, every part, every place for the attachment of muscles.

It makes me tired to hear a fledgling, who has scarcely recuperated from the "cramming" incident to the state examination, boast of his vast learning, when all he knows amounts to no more than the undigested contents of the medical dictionary.

It was but recently that I witnessed the sad scene of a young doctor stepping up to an old and respected surgeon asking him to be good enough to decide an argument between him and a class-mate and to state what particular "germ" *oidium albicans* represented. The old man benevolently answered that he was not proficient in bacteriology. To which there was a sarcastic smile on the part of the young man. Were it not for the surroundings I should have felt better if I could have stepped forward and boxed the young man's ears. Undoubtedly our old colleague has forgotten more than the young man ever could hope to learn, but such is the arrogance of the recent graduate.

#### *Danger from too Much and too Little*

If, therefore, there is danger from acquiring too much technical knowledge and not enough insight in the philosophy of medicine, there is also danger from knowing too little. The saying of Oliver Wendell Holmes (poet rather than practitioner) that if all drugs were thrown into the sea it would be better for mankind but worse for the fishes" has been only too greedily accepted as an excuse for lack of study in pharmacology. Because our official pharmacopeias name a number of drugs which are useless and obsolete, that is no reason for believing that all drugs are valueless. With fine-spun sophistry and supercilious jests scientific problems can never be solved.

At present, as already alluded to, the profession seems to be divided into two great camps, viz., those who are surgeons, or at least willing to operate, and those who for one reason or another prefer to limit their practice to so called internal medicine. That there are diseases which are purely surgical in character is a fact. That there are diseases which are non-surgical in character is also a fact. Again, we have diseases which belong to a disputed domain—the so-called borderland diseases.

Unless both, physicians and surgeons, are ready to cooperate for the benefit of humanity, the great question, when to operate and when not to operate, will never be definitely settled. Scientific surgeons are only too anxious to avoid the knife. In taking up a lengthy address by Prof. Hans Kehr, of Halberstadt, the famous German gallstone specialist, delivered a year or two ago at Berlin, I am agreeably surprised at the hope expressed by this surgeon that he would be the first to welcome any remedy which would expel the gallstones so that he could lay aside the knife!

#### *Medical Researches of Surgeons*

Has not Professor August Bier, of Bonn, spent many years in an earnest endeavor to show that the induction of artificial active or passive hyperemia is a curative agent for affections heretofore always treated by surgical intervention (suppuration, fungus, etc.)? Are not surgeons all over the world utilizing the Roentgen rays, antitoxins, radium and what not in the attempt to find a successful, non-operative treatment of malignant disease?

What shall we say of the internist who "on general principles" refuses an operation, when the surgeon can see salvation only in prompt surgical intervention, as in the case cited above?

There is such a thing as monomania of surgeons, but there is also such a thing as monomania of physicians. "*Mehr Licht!*" That is the shibboleth of success. Let him who can free his mind from narrow partisan prejudices and who can think and think

and study and study and then think again, and who finally is actuated only by one motive when considering the treatment of a given case, viz., the welfare of the patient, be mentioned reverently and affectionately by

hundreds; while he who either was a nobody or could boast only of abstract book-knowledge will be forgotten soon and missed not at all.

*"Mehr Licht!"*

## INTRAUTERINE DOUCHES IN UTERINE INFECTIONS

A method of treating septic uterine troubles, following confinement and abortion, with success. The report of a series of cases in which this method was employed

By LUGIUS H. ZEUGH, M. D., Wheatfield, Indiana

MUCH has been written and innumerable remedies have been advised in septic conditions of the endometrium. Many of the remedies used have been demonstrated to have had inverse effects to those desired; for example, bichloride solutions have caused death by mercurial poisoning, killing the patient instead of the bacteria. The experiments of Bumm have demonstrated the futility of antiseptic applications, showing that they do not penetrate deeply enough, at least do not prove germicidal beyond one-tenth of a millimeter from the surface. Now, as the policy of this journal is to elaborate the practical and not the theoretical side of medicine, I shall not burden my readers with a description of his experiments. The object of this paper is to emphasize the value of hot saline douches together with appropriate internal treatment in these troublesome affections. Of course some of the subjoined cases were not septicemia but sapremia, but the uniform results following the saline douche in all these cases is surely a strong argument for its universal employment in place of the more generally used antiseptic douches.

### *Why so Many Injections?*

Some will probably condemn me for allowing so many infections to follow my obstetrical cases. In answer I will say that such critics are not familiar with the methods employed in the country by at-

tendants who know nothing of asepsis, but are governed by customs handed down for generations. The physician often knows not whether he is going to be called for the case until he receives a "hurry-up" call. Old grannies make digital examinations. Any old rags are good enough for the lying-in bed. Personal cleanliness is not a freely cultivated virtue among most of them. With all these drawbacks but few abnormal labors occur. Thanks to modern methods we are able to offset many of these drawbacks if called in time.

Case 1. Mrs. S. She had a tedious labor due to premature delivery. After suffering all night she delivered herself without mechanical aid in the morning. In thirty-six hours I received a hurry call stating that she was "chilling." I went immediately and found the temperature 104° F. This was undoubtedly a case of acute septic endometritis. I immediately put a salt solution tablet in a fountain syringe which was filled with boiling water, and cooled it in a pailful of cold water. I sterilized my intrauterine douche-curet, and gave her an intrauterine injection as hot as bearable. Internally I gave ergotin, gr. 1, calcium sulphide, gr. 1-2, together, every half hour. Before I left the temperature was one degree less, and upon calling in the morning it was 99° F. Next day it was normal and she made an uneventful recovery. No debris came away with the injection.

Case 2. Mrs. H., had a miscarriage. My colleague from a neighboring town was called but could not get the secundines. We consulted and advised anesthesia to empty the uterus. This was refused, as the husband had a relative who succumbed under the influence of an anesthetic. My colleague asked me to attempt it without anesthesia. I did attempt, but had to desist because of pain. The dangers of delay were explained to them, but without avail. Next day she had severe chills. We again demanded that we be permitted to interfere. We gave a saline vaginal douche, but the temperature remained  $105^{\circ}$  F. We implored to be permitted to proceed. Finally her father was sent for and we induced him to get their consent, which he finally did. Under anesthesia I used my sterilized fingers, scraped away the debris, for the endometrium was a mass of fringes, gave a hot saline douche and called the next day, to find the temperature  $100^{\circ}$  F. The douche was given again, with the result that the temperature was normal the following day. The medicinal treatment was like that in case No. 1.

Case 3. Mrs. A. wanted me to criminally abort her, but of course I refused to have anything to do with it. About a month later I was called and shown a two-months' fetus, but no secundines. I proceeded to get them, but found an os not sufficiently dilated to admit a finger. After numerous attempts at dilation I gave her chloroform and forcibly dilated, removed the debris with my finger, gave saline douche and went to bed. In the morning the temperature dropped from  $105^{\circ}$  F. to  $100^{\circ}$  F. The following day it was normal.

Case 4. Mrs. W. was delivered with forceps after a tedious labor. The mother had made several digital examinations previous to my coming. The fourth day she was taken with a severe chill, headache, nausea and offensive lochial discharge. I again gave the hot saline douche with ergotin and calcium sulphide internally. Temperature was  $104^{\circ}$  F. A gradual subsidence of fever and chilling ensued and the following afternoon the temperature was

$101^{\circ}$  F. The next day it was normal. An uneventful recovery followed.

Case 5. Mrs. C. complained of pains in uterus of intermittent character and some flowing. Chills and temperature of  $103.5^{\circ}$  F. No fetus or secundines. A hot saline douche and Buckley's uterine tonic, ergotin and calcium sulphide internally, reduced the disagreeable symptoms. I could get no history of tampering with the nether mechanism. But when can we get a candid admission in these cases?

Case 6. Mrs. W. C. labored too fast for me, so when I arrived the baby was born. I had some difficulty getting the placenta, but succeeded in getting all. Thirty-six hours later I was called to relieve severe pains in the lower part of abdomen. Temperature  $100^{\circ}$  F., and sweating profusely. I decided that infection was brewing. I gave her a hot intrauterine douche and internal treatment as stated in other cases. The pains ceased and temperature went down to normal, with rapid convalescence following.

#### *Injections Invariably Yield to this Treatment*

I have had many other cases in which the temperature did not go over  $101^{\circ}$  F., which yielded to the above treatment, but those enumerated are more striking, and hence I have not given those milder cases separate descriptions. I have yet to see a uterine infection that would not yield to the above treatment. Of course, if the infection has extended to the tubes or peritoneum local treatment would not accomplish any result.

It is my invariable rule to give the saline intrauterine douche in all cases where the temperature reaches  $101^{\circ}$  F. or over; as also in such cases as complain of much pain following labor—for I consider most of them of an infectious character. The rationale of the saline douche is to simulate the natural secretions as an irrigating fluid as much as possible. The heat contracts the uterus, making the invasion of the bacteria less probable, and also toning the tissues to better resistance. Ergotin also

helps to correct flabbiness of the uterus, while calcium sulphide to saturation renders the blood bactericidal.

Of late continuous irrigation with the saline solution has been advised for septic endometritis, but as yet I have not employed it in these cases. The above outlined

treatment is simplicity itself and in consequence recommends itself for universal use in preference to the more complicated method of curetment followed by the antiseptic douche, both of which measures are more dangerous than the use of the sterile finger and the hot saline douche.

## FATAL PAROTIDITIS FOLLOWING LABOR

Another report of a case of this interesting condition, which until recently has been thought to be very uncommon. This case complicated normal labor and terminated fatally

By W. C. BATEMAN, M. D., Zanesville, Ohio

IN *The Columbus Medical Journal* there appears in an article by Dr. Emory Lanphear entitled "Parotiditis as a Complication in Pelvic Surgery," in which it is stated that the condition has, until recently, been regarded as an exceedingly rare one, but that if all cases were reported it would be found to be quite common. Perhaps, therefore, the following report will be of interest. The case was observed by E. C. Bush, Surgeon General of Ohio and H. J. Sutton, surgeon for the Good Samaritan Hospital, was well as myself.

Mrs. M., age 19, of good family, and with no hereditary taint discoverable, was confined December 26, 1906, for the first time. Labor was normal but rapid and the babe's head was delivered just as I arrived, so that no vaginal examination was necessary. Placenta was expressed with ease. All her surroundings were clean and good. I visited her the 27th, 29th and 31st of December and found everything all right; as the puerperium seemed to be normal I filed her history as case 329 and dismissed her. On the tenth day she was sitting up, apparently well.

January 6 (the eleventh day after confinement) I was consulted at my office for a sore nipple. January 7 I called at her house and found a caked right breast, with

a slight increase of pulse rate and temperature of 101.5° F. in the forenoon. I ordered a saline cathartic and a binder for the breast. On January 8 and 9 the breast improved but the fever remained about 102° F. Examination showed apparently a normal condition of the pelvic organs with no offensive lochia and no chills.

January 10, in the morning, the left parotid gland was found swollen to an enormous degree, but there had been no chills. Temperature was 104.5° F., pulse 126, and patient sinking into a "typhoid state." No pus appeared in the gland at all so far as could be determined by palpation, and no other part of the body was involved so far as we could discover. No exploring needle was used in the gland. A day before her death the uterus was relaxed and boggy, but as her muscles were all relaxed it is probable that it had no bearing on the case, as the contraction had been satisfactory up to that time.

The noticeable points in this case were: the absence of evidence of pus, absence of initiatory chill, rapid septic infection after starting, absence of any chills so far as known, and the normal labor so far as discoverable, and the absence of any other focus of infection except the one parotid gland.

**... SURGICAL THERAPEUTICS ...****EMPYEMA**

The treatment of pyothorax may be summed up in two words: proper drainage. What constitutes proper drainage is the only source of controversy, but the following may be said to be definitely settled: (1) Empyema of childhood may be successfully treated by mere incision under perfect antiseptic precautions in a large percentage of cases; persistent discharge (more than six weeks) may necessitate excision of a small piece of rib. (2) In some instances of the disease in adult life the Estländer operation is sufficient; removal of three or four inches of one or two ribs. (3) If the discharge continues more than two months after an Estländer operation, the more extensive Schede operation must be resorted to: excision of the entire chest-wall, including the parietal pleura, over as much of the thorax as the abscess-cavity underlies; that is, all of the external surface of the abscess-cavity must be cut away, leaving nothing but the pyogenic visceral surface, which must be cleaned by rubbing with gauze, the skin being then allowed to fall in upon the more or less collapsed lung. If this extensive area be kept clean by simply wiping it carefully every second or third day, healthy granulations will spring up; and as the cavity is obliterated, the lung will expand until by the time the wound closes, very little depression will remain in most cases. The cavity should not be irrigated with water, hydrogen dioxide or any other liquid, as a rule; all that is needful is cleaning away the excess of pus without disturbance of the granulations and loosely packing with plain gauze covered by an abundance of absorbent cotton. By this simple treatment convalescence is much more rapid and the resultant deformity less marked than when the surgeon does too much in the way of irrigating, washing, sponging and using antiseptic agents. Internally the patient

should be given the best of food, cod-liver oil or cream in large quantities, tonics and stimulants; for the primary lesion usually is of tuberculous character and unless free drainage is secured and the general health supported, pulmonary tuberculosis will follow; but if the proper treatment is carried out, recovery may be secured in a majority of cases.

**POST-OPERATIVE ANURIA**

Possibly the best remedy for suppression of urine after operation is sulphate of sparteine—regardless of the cause of anuria. Most of these cases are due to a preëxisting nephritis from sepsis, cholemia, etc., and should then be treated by this remedy before operation, as well as after, because the anuria is to be anticipated, regardless of the kind of anesthetic used—chloroform being apparently as dangerous as ether or the newer morphine-hyoscine-cactin combination. Every patient affected by sepsis or cholemia should therefore be examined for albuminuria, and if this be found, operation should be postponed a few days, if possible, until the sparteine may be given; but, unfortunately, patients suffering from obstruction of the common bile duct, from strangulated hernia, from retention of urine, etc., cannot be held; so here the surgeon must operate and do the best he can to prevent anuria by immediate resort to proper therapeutic measures. For if vigorous treatment is not instituted the patient may do well for a few hours, then become restless, listless and slightly feverish, later developing a stupor which speedily becomes coma, with death from uremia, even though anuria may not be complete; in the more pronounced type total suppression of urine being noted. The first thing to do is to give plenty of normal salt solution under the skin: one liter (a quart) being injected every eight hours; next, to administer sulphate of

sparteine, a drug which increases the blood-pressure and acts as a powerful diuretic. Within thirty minutes its full action will begin, and the slow and full pulse indicates persistence of its effect from four to six hours, at the end of which time the dose is to be repeated. The amount to be given is 50 centigrams (from half to three-quarters of a grain) hypodermically. The patient should be encouraged to drink as much water as possible.

#### PHOSPHATE OF SODIUM IN JAUNDICE

It has become a common thing to give phosphate of sodium in gallstone disease as well as in every other condition in which jaundice is a prominent symptom. The fact is that it is useful chiefly in catarrhal jaundice and that its good effects in that trouble are due to its cathartic action and not to any specific influence on the disease. It is quite irritating to some stomachs, far more so than rochelle salt or Abbott's saline laxative, which ought to be used instead of the more disagreeable phosphate.

#### CHLORIDE OF ETHYL ANESTHESIA

This formerly expensive anesthetic is now being produced so cheaply that it bids fair to become extremely popular for minor surgery. In the peculiar bottles in which it comes it is volatilized by the heat of one's hand, so that when the lever is pressed which opens a tiny hole in the stopper a fine spray is produced, scarcely visible. As the ethyl chloride boils at 13°C., an intense cold is produced by the rapid evaporation, to such a degree that the skin against which it is directed for one minute is frozen and in a few seconds more covered by a fine frost. A surface a half inch wide and as much as two inches long may be frozen readily by rapidly moving the spray up and down the length of the proposed incision. The tip of the ejector should be held about three to five inches away from the skin to get the best spray. Incision may be made through the frost or one may wait until it is melted;

the analgesia lasting about two minutes. It is ideal for opening abscesses, removing small tumors or for the use of the Paquelin cautery on small epithelial growths. Recently it has been used by inhalation as a substitute for ether, the anesthesia being produced much more speedily. When it is withdrawn, the patient recovers more quickly, thus saving an average of some twelve minutes on each operation; hence it is likely to prove useful on the battlefield and in other calamities when a number of operations must be performed rapidly one after another. Its chief danger seems to be production of pneumonia from cold vapor.

#### DUSTING POWDER FOR ULCER OF LEG

As a dusting powder for varicose or eczematous ulcers of the leg this formula may be tried:

Dry aluminum acetate . . .	32.00 (oz. 1)
Balsam of Peru . . . . .	8.00 (drs. 8)
Borated talcum . . . . .	40.00 (ozs. 1½)

This may be applied freely and covered by antiseptic gauze, cotton and bandage; or gauze strips, paraffined, may be substituted, the powder adhering well to these.

#### TYPHOID SPINE

Inflammation of the joints following typhoid fever has long been recognized as a surgical complication or sequel of that disease, but has only of late been known to be due to infection of the synovial membrane or of the bone by the Eberth bacillus—one of the germs which become pyogenic under certain conditions. The knee has been the joint most often involved, but of late it has been shown that the spine may also be implicated; the patient complaining of pain in the back, with its accompanying disability. An intensely neurotic condition develops, with paresthesias, anesthetics, spasm or atrophy of muscles, general weakness—in fact, a condition so like “traumatic spine” or the neurasthenia which follows a severe injury that the condition has usually been regarded as of central nervous origin

and the spondylitis overlooked. Indeed, there may be little to attract attention to the bones or joints of the spine—stiffness and sensitiveness with pain, these being all of the local signs in some cases; but in the more serious ones there may be actual deformity, and examination with the x-ray may show some deposit around the site of local infection. Primarily the focus is limited to the periosteum in most cases, but the interior of the bone may be the *locus minoris resistentiae* or may become the seat of secondary infection very early in the disease. In the more fortunate cases, treated by proper quietude and supportive measures, the disease disappears without suppuration—a mere typhoid periostitis or osteomyelitis; but in the worst ones pus forms and may cause serious trouble unless recognized and evacuated. When the focus of suppuration can be located, the proper treatment is to open the abscess, curet away the diseased bones and pack with gauze, the utmost care being taken, both at operation and in the subsequent drainage, to maintain the strictest asepsis, so as to prevent the engrafting of a staphylococcus or streptococcus infection upon the minor pyogenic one already present. By such treatment extensive deformity may be prevented. These abscesses have heretofore been confounded with those originating as a tuberculous spondylitis. Internal medication should be supportive; iron, arsenic, strychnine and wine being particularly useful.

#### PHENOL SOLUTION FOR THE HANDS

Some doctors claim that solutions of bichloride of mercury make the hands too rough if used frequently. For these a solution of phenol may be substituted, though it is not so effective. To be of any use whatever, it must be made as strong as 1 to 40 for the hands (and 1 to 20 for cleaning skin to be cut). That means one full ounce of liquefied phenol (95-per-cent carbolic acid of the old Pharmacopeia) to a little more than a quart of water. Indeed, it is better to use one ounce to the quart, to be sure that no mistake is made and a useless

solution employed. If the hands be dipped in this solution during the course of an abdominal section they must be rinsed in plain water before being put back into the peritoneal space. Phenol cannot be used often upon the hands without serious results.

#### EPIDIDYMITIS

As a local application for epididymitis there is nothing superior to

Aqueous extract of opium...	8.0 (drs. 2)
Guaiacol .....	8.0 (drs. 2)
Lanolin .....	32.0 (oz. 1)

Half vaseline may be used after the first boxful has been used; it does not permit such rapid absorption. The salve is equally soothing and remedial in orchitis.

#### FOR RICKETS

Frequently the general condition productive of that malnutrition of bones known as rickets can be improved so that deformity need not be serious. If proper apparatus be applied as soon as the trouble is detected and a correct line of internal treatment instituted, the most brilliant results are sometimes obtainable. Of course, the best thing is plenty of the best and most-easily digestible food, with as much whole-wheat flour and cracked wheat as the child will eat. Of medicines sulphate of strychnine in doses of one milligram (gr. 1-67) may be given thrice daily to a child of six years; and with it the same amount of phosphate of iron should be prescribed.

#### TUBERCULOUS PERITONITIS

We have been taught to believe that simple abdominal section with considerable manipulation of the viscera and evacuation of the ascitic fluid will cure tuberculous peritonitis. But while it is true that certain patients have apparently been cured by such mild procedures, a much larger number have gone on to fatal termination. The mistake has been made of treating a symptom (ascites) instead of the disease. Radical removal of every local deposit of tubercle

wherever found is the only certain cure. In a small percentage of cases it cannot be found; here the only recourse is irrigation, manipulation and closure. In a larger percentage of cases the lesions are so numerous or so situated that they cannot be removed; here gentle rubbing of the affected surfaces with gauze may do good. In all cases, whether the local focus be removed or not, the most energetic constitutional treatment must be instituted: forced feeding and tonics do fully as much in abdominal tuberculosis as in pulmonary. But unless the primary seat of the disease is found and the source of trouble removed, a guarded prognosis should be given regardless of how much the patient may gain after operation. Medication is the same as that for any other abdominal section during the first few days, and then the same as for phthisis.

#### CANCER "CURES"

About twenty per cent of permanent cures follow radical operation as at present practised. This percentage might easily be doubled by early recognition and immediate extirpation. Too many doctors delay in the hope that they have made a mistake in diagnosis; using palliative or delusive curative measures. If they would but remove the growth first and use the "remedies" afterward many more lives might be saved. Trypsin has recently attracted much attention; but while it is true that cancer-cells are easily dissolved by trypsin and some patients have improved greatly under its hypodermic use, no absolute cure has yet been reported, and the question of its beneficial action is still *sub judice*. Radium, too, is still under trial—with probabilities all against its general usefulness. The Finsen light has proven of value only in superficial growths which are far better burned out with Paquelin cautery. As for the x-ray, its curative influence has been greatly over-estimated except in skin-cancer and lupus; in truth, it may now be positively said that for extensive carcinoma the Roentgen-ray exercises no actual curative effect, its advantage being only in the fact that it exerts a beneficial

analgesic effect, and in ulcerating tumors also causes a diminution of the offensive discharge; in many cases there is a temporary recedence of the nodules, but never a lasting effect. All of these, then, should be reserved for use after excision of the malignant growth. The latest addition to possible curative agents is a serum taken from sheep inoculated with cancer; but until the cause of carcinoma can be determined and isolated, little is to be hoped from the use of sera. When extirpation is impossible on account of location or extent of the tumor, palliative operations are justifiable; ligation of the carotid in huge cancer of the neck may arrest its growth for months; gastroenterostomy for cancer of the pylorus often prolongs the life of the patient for many years; vaginal hysterectomy may give great comfort and add years to the life of a doomed woman; and so on through the list. Just because a diagnosis of cancer has been verified a doctor should not abandon the victim to his fate—much may be done to encourage, to alleviate, and to prolong life.

#### NUTRIENT ENEMA

After abdominal section (and some other serious operations as well) rectal feeding becomes a necessity. An excellent nutrient enema is made by dissolving a tablespoonful of sugar in a teacupful of hot water and boiling in it, for a few minutes, a teaspoonful of starch; add a wineglassful of wine; beat up two eggs in a tablespoonful of milk and mix with the other and inject. It may be repeated every four to six hours until the patient is able to take nourishment by the mouth.

#### SWOLLEN FEET

Swelling of the feet may be found in (1) dropsy, especially from a weak heart, (2) those who take but little exercise but are rheumatic or gouty, particularly found in elderly people, and (3) those who are compelled to stand or walk too much, notably if bad shoes are worn. In every one of these, however, small doses of arsenic (a milligram or two three times a day) will do good; and

in the first and last varieties strychnine may be added in the same dose but must not be continued longer than three weeks. In every case careful examination of the respiratory, circulatory and renal system must be made before deciding the condition to be trivial.

#### METHYLENE-BLUE FOR CANCER

After the excitement over reported cures of cancer by use of pyoktanin subsided, a few careful investigators continued their experimental treatment upon inoperable carcinoma. It has been conclusively demonstrated that the internal use of methylene hydrochloride in pill form is followed by remarkably good effects. The dose at the beginning is 2 grains daily, to be gradually increased to 3, 4 and 6 grains. To relieve the strangury sometimes produced, it is necessary to combine with the pills  $\frac{1}{4}$  grain of extract of belladonna distributed over the twenty-four hours. Arsenous acid, strychnine, or a cathartic may, if necessary, be incorporated in the prescription. The patient must be warned that the urine will turn blue and will permanently stain clothing. In some instances the patients gain remarkably in weight and strength and the tumor-mass may be decidedly reduced in size. Life has, apparently, been prolonged from two to eight years, but no patient has been cured.

#### INJECTION OF HEMORRHOIDS

An injection highly praised for cure of a single pile, when a patient will not submit to operation, consists of

Tannic acid .....	1.5 (grs. 20)
Phenol .....	8.0 (drs. 2)
Glycerin.....	8.0 (drs. 2)
Water .....	16.0 (oz. 1-2)

This makes a 25-percent solution of phenol, which, plus the astringent tannin, quickly coagulates the blood, when thrown into the pile. It is so prompt in its solidification of the hemorrhoid that the point where the hypodermic needle entered often remains open. As much as a syringe-ful may be injected (through a rectal speculum) into a large hemorrhoid. There is not much pain or

discomfort after its use; and the pile is usually cured. Only one should be injected at one sitting.

#### CURE OF VARICOCELE

When operating for varicocele it is far better to make the incision over the external ring, as in herniotomy than the usual incision in the scrotum. The cord, veins and artery may be pushed out of the opening and the veins separated from the others and ligated. The operation is much simpler and easier, involves less laceration and hemorrhage, and the dangers from embolism, thrombosis and septic infection are greatly minimized. It is wholly unnecessary to touch either the wounds in skin and tunica vaginalis or the cord and veins—finger-infection here being very serious, since the wound must be closed without drainage. It is best sealed with collodion, over which a protective gauze-pad should be placed.

#### DRY HEAT APPLIED TO WOUNDS

If after gauze, cotton and bandage have been applied over a wound, especially an infected one, the wound is subjected to a high degree of dry heat for some time, healing will be greatly hastened. If the sun is shining very hotly, the wounded extremity or part may be placed so that the sunshine burns it until every trace of moisture is gone; or it may be placed very near to a hot stove or furnace for some time—even the heat of a Bunsen burner does good but takes longer. In adopting this mode of treatment no special pains need be taken to clean the burned or injured surface; it should not be washed with antiseptic solutions but simply cleaned with dry gauze as well as possible, the surrounding surface being also cleaned without water. Dry bichloride gauze (iodoform is better for this purpose) is applied in several layers—which of course become instantly moistened by the blood or serum—and a thin layer of cotton placed over this, with bandage over all. The dry heat is then applied—a “hot-air apparatus” will not do, as the sweating interferes with the desired desiccation—

and the patient told to return in three or four days. Healing is by "third intention" of the old writers: healing under a scab—artificially produced. In some cases supuration is practically prevented.

### TENDER FEET

From too tight shoes, from standing too long, from abrasions of the skin, from too thin soles, etc., the feet often become tender and quite painful. Bathing in very hot water every night is comforting. If the skin continue tender the feet should be rubbed morning and evening in

Salicylic acid .....	5.0	(drs. 1 1-2)
Borax .....	10.0	(drs. 3 )
Glycerin .....	128.0	(ozs. 4 )
Water .....	128.0	(ozs. 4 )

Sometimes the arch of the foot is weak and in need of a light steel spring in the bottom of the shoe. The use of rubber heels relieves many cases of foot-ache.

### HEPATIC COLIC

Colic due to the passage of a small stone down the cystic and common ducts or to the attempted entrance of a large stone into the cystic duct is one of the most fearful of all pains. For its relief there is nothing so satisfactory as the injection of one tablet of

Morphine hydrobrom . . .	0.02	(gr. 1-4 )
Hyoscine hydrobrom . . .	0.001	(gr. 1-67)
Cactin .....	0.001	(gr. 1-67)

or the hyoscine-morphine-cactin tablet (H-M-C) now on the market. It may be repeated in an hour, and a third dose may be given two hours later if necessary. It does not give so great relief when taken by mouth. If instant relief is demanded a little chloroform may be given by inhalation until the opiate has time to take effect. Hot fomentations of turpentine to the abdomen over the region of the gall-tract may afford some comfort to the patient; but it must not be applied by hard rubbing, since manipulation might rupture a distended gall-bladder. It is a common custom, nowadays, to give large doses of olive oil. This is not objectionable if it does not cause vomiting, but

anything which produces emesis is dangerous; it relaxes the bowels and possibly helps the passage of small calculi. The lumps of "human soap" resultant from action of the intestine upon the oil must not be mistaken for gallstones, which they closely resemble. Half a pint of the oil may be given within two or three hours. After the attack, to prevent recurrence, an outdoor life should be ordered, with salines at night, and a good, nutritious diet, devoid of much fat without wines or beer, should be enjoined; too much emphasis cannot be laid upon the necessity for careful, thorough mastication of the food, by which the quantity taken may be reduced fully one-half. One should not be hasty about urging operation, because after relief of one paroxysm the patient may carry the stone for many years without any discomfort whatsoever; but if the attacks return again and again, nothing will afford relief but removal. [Don't forget sodium succinate, Brother Lanphear!—Ed.]

### CHILBLAINS

A celebrated plaster for the cure of chilblains is "De Rheim's Plaster." It has this composition:

Capsicum pods .....	32.0	(oz. 1)
Strong alcohol .....	64.0	(ozs. 2)

Macerate for several days and add

Mucilage of acacia .....	64.0	(ozs. 2)
--------------------------	------	----------

This is to be well stirred and brushed over sheets of silk or tissue-paper and applied to the chilblain, the skin over which must be unbroken, however.

### TREATMENT OF TETANUS

The first thing to do when symptoms of tetanus arise is to thoroughly open the wound, cauterize its every part with a red-hot Paquelin cautery and pack loosely with iodoform gauze. Next begin with chloral and bromides in enormous doses; four grams (60 grains) every three or four hours frequently is required to prevent the spasms. Next give a cathartic—the more active the better. Then administer pilocarpine until profuse sweating is produced—and keep it up. As

soon as the tetanus antitoxin is obtained give it in large doses both by intraspinal and subcutaneous injections—from 60 Cc. to 80 Cc. a day to begin with, increasing to as much as 160 on the fifth day. About 700 Cc. may be given altogether on the sixth day, by which time the patient will be either dead or convalescent. The convulsions can be controlled by the H-M-C compound, hypodermically administered.

#### TRANSFUSION OF BLOOD

This operation is again coming into vogue, and under the aseptic technic lives are being saved by it. When a patient has bled to unconsciousness, is pulseless and cold, there may be hope of restoring life if the source of hemorrhage has been corrected. The radial artery of the donator is bared and opened and a small glass or aluminum tube, sterilized, introduced into it and held by a catgut

ligature around its end; a little blood being allowed to flow (to determine that the current has been established) the end of the tube is closed and all wrapped in a very hot, moist towel. The basilic vein of the donee is next exposed and opened as for venesection, the distal end tied but the proximal left open. The end of the vein being lifted out sufficiently, blood is permitted to flow from the tube long enough to be sure all air is expelled, and then (with blood still running) the end of the tube is slipped into the vein and tied around with gut. Blood is permitted to flow for about thirty minutes when the vein and artery are each closed by ligation. The donator's blood will drop from the normal  $5\frac{1}{2}$  or 6 million to near 4,500,000 in that time (hemoglobin from 100 to about 70), while the donee's will rise correspondingly; but it will be restored to normal in four or five days, only one day's detention from business being required.

## GYNECOLOGICAL THERAPEUTICS

#### GYNECOLOGICAL PROPHYLAXIS OF MENTAL DISEASE

Neurologists are beginning to realize that the gynecologists have been right in their contentions (1) that many patients might be kept out of asylums by timely treatment of pelvic troubles, and (2) that a large proportion of cases already in hospital may be greatly benefited or even cured by proper operative treatment. Nerve-irritation from prolapsed kidney and a toxemia due to pustules or gonorrheal endometritis are the two most important (and neglected) sources of trouble. Either one may easily unbalance the mind of a woman of inherited neurotic tendency; and each is so often unrecognized! Even a neglected laceration of the perineum or cervix may cause enormous nervous disturbance. The profound mental and nervous disturbances often noted at or near the menopause may in most cases be traced by the careful diagnostician to some organic trouble, notably

fibroid tumors of the uterus. Puerperal mania—due to purely infective agencies—is too well known to be discussed; only by prompt eliminative measures can the mental safety of the woman be secured. But, women who are neurasthenic, neurotic, hysteric or easily affected by suggestion should never be told of their danger; worry over "serious female trouble" has driven many a woman beyond the line dividing sanity from mental health. Examination of those already unbalanced mentally is often best done under full anesthesia.

#### SCANTY MENSTRUATION

Some women between the years of 30 and 40 take on fat rapidly. Such women rarely conceive after they increase greatly in weight, and the menstrual flow is apt to become scanty or to be almost totally suppressed. This need not occasion uneasiness unless accompanied by discomfort from fulness of the head, backache, etc.

If these annoying symptoms appear the menstrual flow may be increased (or even restored after a year or more of suppression) by the administration of potassium permanganate. The best dose, perhaps, is a quarter-grain (two centigrams) four times a day, in tablet form.

#### ANEMIA OF LACTATION

A woman when nursing her child may go to the doctor and present a broad, white tongue which, with the history of lassitude, daily headache, etc., is very suggestive of a mild malarial infection. Of course blood-examination may show the presence of the plasmodium (it is so easy and simple to examine the blood, why don't more doctors do it?), in which case quinine and arsenic will speedily relieve. But in a majority of cases the whole trouble will be found to be anemia, with marked diminution of hemoglobin. These patients need a mild purge each evening, with good doses of dried sulphate of iron in combination with strychnine and more sunlight. Sometimes the anemia becomes so serious that suckling has to be discontinued.

#### TO HASTEN ABORTION

When it becomes apparent that abortion is inevitable the end may be hastened by tamponing the upper part of the vagina. This is best done through a bivalve or trivalve speculum; but before its introduction the vulva should be cleansed by washing with soap and water and then with alcohol, the labia minora receiving extra attention. For packing strips of 5-percent iodoform gauze are preferable, though dry borated gauze may be used. The gauze should be packed tightly into the space behind the cervix, then around the os and even into it if slightly dilated, and then in front and below. A surprising amount may be needed for a woman who has had children. A vulvar pad held in place by a T-bandage must be applied as soon as the speculum is removed. This packing not only prevents bleeding but

stimulates uterine contractions. One gram of quinine may then be administered. The packing should not be permitted to remain more than twenty-four hours. Generally the ovum will follow immediately, or it may be in the gauze itself. If not, instrumental interference is advisable in most cases.

#### RELATION OF SEXUAL ORGANS TO HYSTERIA

Writers of the long-ago believed hysteria to be due to some disorder of the uterus—hence the name; later ones concluded that because men often have hysteria the disease must be one of central nervous origin; and now those who know are certain there is some definite relation between the sexual organs and the symptoms grouped under the name hysteroid. Women, for example, who are seriously affected are found to have had their first menstruation late; often the flow is scanty and the interval lengthened far beyond the normal four weeks. Chlorosis and profound anemia are frequently prominent in the history; and a weak heart is to be noted in a majority of cases.

#### VOMITING AT MENSTRUATION

Some women, not at all hysterical nor in ill health, suffer extremely from nausea and even vomiting at each menstrual period. The sickness may come on just before the appearance of the flow, it (rarely) being the first intimation the patient has of the oncoming flux; more often it accompanies the flow; and, again, in rare instances makes itself prominent only at the end of the period. It may generally be controlled by very small doses of ipecac every hour or two, as, e. g., a half drop or a drop of the vinum ipecacuanhæ, U. S. P.

#### STREPTOCOCCUS PUERPERAL SEPSIS

As soon as it is determined that a woman has puerperal fever of the streptococcic variety, energetic treatment should be instituted. Twice daily the stomach should be washed out with warm water—gastric

lavage. Saline laxative should be given to keep the bowels active. Internally nuclein must be pushed to the limit—in this disease it is more efficacious when exhibited by stomach than when injected hypodermically. Into a vein (generally the basilic) from 10 Cc. to 20 Cc., according to the severity of the symptoms, of a 2-percent solution of collargol is thrown by direct puncture of the needle. This dose is repeated daily as long as exacerbations occur. Over the abdomen unguentum Credé is rubbed twice a day. After the second day it is good practice to use saline solution under the skin at least once daily. Small doses of about eight ounces, repeated once, or not oftener than four times daily, have given the best results. Using the 0.9-percent solution of common salt or artificial serum, hypodermoclysis and enteroclysis are simpler and safer than intravascular injections and are sufficiently prompt in action. Hysterectomy is justifiable in very rare instances—when the infection is limited practically to the uterus. Among the conditions in which the surgeon may be justified in considering the extirpation of the uterus are (1) putrid placental retentions otherwise not capable of relief, (2) suppurative metritis, (3) septic fibromata, (4) grave injuries of the uterus (like rupture and perforation), (5) fibromata which have suffered traumatism during labor and which are septic or degenerating or which obstruct the lochial discharge. The chief objection to hysterectomy for puerperal infection is the almost insurmountable difficulty in determining clinically the indications present in a given case. The two drugs which are of benefit besides the nuclein are alcohol and strychnine, as indicated, for weakness. They must be given in large doses late in the disease—the strychnine hypodermically, three milligrams (1-20 grain) three times a day being none too much. Fluidextract of ergot, twenty drops every two to four hours, is thought by some to help limit diffusion of infectious material from the uterine cavity; but it is doubtful if it is of any benefit. Quinine, too, has been highly praised, but generally does more harm than

good, as do also the coal-tar products, like acetanilid. Codeine may be given to quiet pain and produce sleep.

#### PRURITUS ANI

Nearly all cases of persistent itching of the anus may be traced to one of these causes: (1) The most common is superficial ulceration or abrasions of the anal canal. (2) Next, catarrhal diseases of the rectal mucosa which cause discharge from the anus. (3) External hemorrhoids or skin-tags which prevent proper cleansing of the parts. (4) Small polyps of the anal canal, protruding internal hemorrhoids, prolapse and fissures, etc. The treatment consists (in addition to removing the cause) in restoring the altered perianal skin to the normal. For this purpose nitrate of silver followed by citrine ointment are the best applications.

#### VAGINAL CESAREAN SECTION

Removal of the fetus by interior incision of the cervix and uterine wall—so-called vaginal Cesarean section—has been highly praised by those afraid to do a true Cesarean section. To a man who has done both, the vaginal method has nothing to commend it—save less censure from the neighbors in case of fatal results; it is more difficult and more dangerous. It is done as follows: After the vagina has been very carefully scrubbed with soap and with bichloride solution 1 to 2,000, a retractor is introduced (with the patient in lithotomy position) and the perineum pulled strongly downward. The anterior lip of the cervix is seized with two pairs of volsellum forceps, one on each side of the median line; the cervicovaginal junction of the mucous membrane is incised as in vaginal hysterectomy; the bladder is separated from the anterior surface of the uterus by the fingers as far as the reflection of the peritoneum, on the opening of which a long narrow retractor is inserted, lifting up the bladder. The uterus being pulled as strongly downward as possible, an incision extending through the cervix and

anterior segment of the uterus about four and one half inches is made with a pair of straight scissors. Obstetrical forceps are applied through the opening and the child delivered. The placenta is expressed by Credé's method. The incision in the uterus is to be closed with interrupted sutures of chromicized catgut, No. 3, and the mucous membrane with plain catgut. The vaginal portion of the cervix is not usually sutured, but stuffed with gauze, in order to permit free drainage. If the child is large, a posterior median incision should be made. The bleeding from the incision is not alarming; the traction on the divided ends of the cervix prevents it.

#### LUMBAR ANESTHESIA

Injection of cocaine solution into the spinal canal gives a perfect analgesia of some hours' duration, below the neck. So also does a small quantity of sulphate of magnesium. But—these are very dangerous; eight deaths are on record and many others have been reported at medical meetings. In the light of our present knowledge the method is scarcely justifiable. If used at all it should be limited to (1) aged patients, (2) those affected with arteriosclerosis, (3) persons who have cardiac lesions, (4) subjects of bronchial and pulmonary disease.

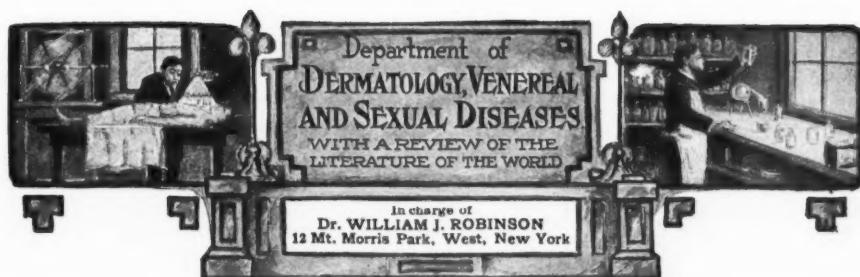
#### PROLAPSED OVARIES

There is no way of curing prolapsus of the ovary except by suspension; but the suffering may be greatly ameliorated by proper treatment. In the first place an ovary merely displaced downward but not adherent may be pushed up out of Douglas's cul-de-sac by having the woman assume the knee-chest position. If tampons or an Albert Smith retroversion pessary be introduced while this position is maintained, the retention of the retrodisplaced uterus in proper position will keep the ovary up out of harm's way; but only temporary relief—not cure—may be obtained in this way. The ovary which is adherent in the cul-de-sac should be liberated only by

abdominal section. An ovary so slightly prolapsed as only to be felt easily in the vaginal vault should be left alone unless very tender and enlarged; but a moderately displaced ovary, tender, yet not enlarged, may be cured by non-surgical means, though in many instances, perhaps the majority, relapse occurs after so-called cures and later operation is required. The proper treatment is to paint the roof of the vagina with iodine once a week, using ichthylol-glycerin tampons (10-per-cent) every night and a warm douche in the morning. It should be remembered, however, that a badly prolapsed ovary, more or less painful and enlarged, is a diseased ovary and is never cured except by resection or extirpation.

#### OPERATION IN STREPTOCOCCIC FEVER

When the infective agent in puerperal fever is the streptococcus, as demonstrated by its appearance on the eighth to the eleventh day and proven by bacteriological findings from examination of a little of the intrauterine debris, cureting is distinctly contraindicated. Since in the milder forms of streptococcic endometritis the leucocyte-wall is the barrier against systemic infection, use of the curet opens the lymphatics and disseminates the pyogenic bacteria; while in the severer type the leucocyte-zone is not established but the streptococci are already in the deeper structures where they cannot be reached by the curet, and once more the only influence of that instrument is to help further bacterial invasion. This is, therefore, the exact opposite of sapremia (the acute fever which arises on the second to the fifth day from the germs of putrefaction) in which instant removal of the decomposing material with the Volkmann spoon or large curet is imperative, if life is to be saved. All that is necessary in streptococcic infection, then, is to insert a small strand of gauze through the os to insure good drainage and to employ internal remedies to assist nature to carry the patient through the acute stage until the inflammation localizes itself; after which pus can be evacuated whenever found.



## THE USE OF PILOCARPINE IN SYPHILIS

This remedy is not recommended as a substitute for mercury and the iodides, but as a desirable adjuvant, through its stimulant action upon elimination

By WILLIAM J. ROBINSON, M. D., New York

Editor of *The Critic and Guide* and of *Therapeutic Medicine*

THE use of pilocarpine in the treatment of syphilis is probably not entirely unknown. But the drug is so seldom mentioned in treatises on the subject and it has given the writer such remarkable results in certain cases which refused to be further influenced by the mercurials and iodides, that he considers it a duty to bring it before the notice of the profession in this preliminary note, in advance of a more detailed contribution.

I have not the slightest intention, of course, to recommend pilocarpine as a *substitute* for mercury and iodine. But there are certain cases of lues which seem to be supersaturated with mercury and which no longer respond to the drug. We may change the combination of the mercury, we may change the method and avenue of introduction—the symptoms fail to be influenced or become aggravated. The submaxillary, axillary and inguinal glands, instead of diminishing in size under the influence of mercury, as they generally do, become larger and even painful. Such cases are particularly likely to be met with in patients in whom sufficient attention has not been paid to gastrointestinal elimination, to hepatic, renal and dermic activity.

Almost every physician has come in contact with such cases in his practice.

### *Astonishing Results from Pilocarpine*

Now, try in such cases a few doses of pilocarpine and you will be gratifyingly astonished at the results. Most remarkable is the effect of pilocarpine on salivation and stomatitis. One might think it rather strange to administer a powerful sialogog in salivation. But the fact remains that nothing will stop mercurial salivation so effectually as will small doses—say two milligrams (gr. 1-32)—of pilocarpine. It is much more efficient in this respect than atropine or potassium chlorate. And the rationale is not difficult to understand. Salivation and stomatitis are caused by an excess of mercury, imbedded in the glands and acting as a toxic foreign body. Pilocarpine, one of our most powerful glandular eliminants, and acting both as a sialogog and a diaphoretic, removes the useless excess of mercury, and thus cures the trouble by removing the cause. (Atropine on the other hand merely masks the symptom of mercurial salivation.)

Another fact of which the writer has convinced himself again and again: Cutaneous

syphilides which will obstinately resist the persistent administration of mercury, will disappear rapidly if pilocarpine be administered for several days, either in addition to the mercury, or even if the mercury be discontinued altogether (provided, of course, the patient has had sufficient mercurial treatment).

#### *How the Pilocarpine Acts*

I explain the *modus operandi* of pilocarpine in such cases as follows: In most cases the greater part of the mercury administered is eliminated through the bowels and kidneys. If the amount to be eliminated is too large or if the ratio of elimination is too rapid, we get cramps and diarrhea on the one hand, and mercurial nephritis on the other. Very little or no mercury is eliminated through the skin and sudoriparous glands, unless special care is taken to keep them at a high state of functional activity. The pilocarpine does just that. The system may be "saturated" with mercury, but the mercury may remain dormant and therefore useless. The pilocarpine increasing enormously the activity of the skin, brings the mercury to the surface, the skin lesions are directly affected and the syphilides therefore disappear. If pilocarpine be given for a week or two and then discontinued, it will be found that much smaller doses of mercury will be necessary in order to produce the desired effect.

#### *Method of Administration*

The pilocarpine should never be prescribed in combination with other remedies—always alone. We can then increase or diminish the dose, or discontinue it altogether, at pleasure. I prescribe the alkaloid either in the form of pills, containing two milligrams each (1-32 grain), and of these I order two pills three times a day, sometimes increasing to three or four pills per dose. Or I prescribe it in the following solution:

Pilocarpinæ hydrochlor. .o.12 (grs. 2)

Aquæ chloroformi....120.00 (ozs. 4)

Detur in vitro nigro.

Sig.: One to two drams t. i. d.

In not a single case have I observed any undesirable by-effects, and in no case could I find, though I carefully watched, symptoms of cardiac depression.

I have careful notes of a rather considerable number of cases, in which the beneficial effects of pilocarpine were unmistakable; and I guarded carefully against falling into the *post hoc propter hoc* fallacy. But I will report those cases at a later date. In the meantime, asking the profession to give pilocarpine a careful trial as an adjuvant in the treatment of syphilis, I will lay down the following propositions:

1. Pilocarpine is a most remarkable glandular eliminant, and glandular elimination is one of the most important factors in the successful treatment of syphilis.
2. Pilocarpine is of value in all secondary manifestations of the disease.
3. There are many cases which become intolerant to the further use of mercury; the system seems supersaturated, and continuing the mercury in such cases means injuring the patient. Discontinue the mercury, giving pilocarpine in interval; this enables us to resume the former drug with excellent effect.
4. Pilocarpine should be prescribed alone, either in pills or solution, and should be given in doses of 2 to 8 milligrams (1-32 to 1-8 grain) two to three times a day. [*Medical Record.*]

#### **DANGER SIGNALS FROM THE SKIN**

Our readers are familiar with our opinion on the importance of *internal* treatment of skin diseases, based on the important relationship between the skin and internal organs. More than once we have expressed our opinion that a disease of the skin is frequently but an expression of internal trouble, of intestinal toxemia, of defective elimination, of disturbed metabolism.

In Germany and Austria this relationship is generally overlooked. The patient's skin lesion is looked at, a lotion or ointment is prescribed, and no questions about the general condition are asked.

The French dermatologists are thorough "internists," and in this country L. D. Bulkley has been the strongest supporter of the importance of internal treatment of skin diseases. In a paper under the title "Danger Signals from the Skin," read at the last meeting of the Medical Society of the State of New York, Dr. Bulkley pointed out the generally overlooked fact that skin diseases are often not diseases *per se*, but merely indications of what is going on inside, and serve as danger signals, which may prove of great value to the patient if they are heeded and properly interpreted. He analyzes a number of skin affections and points out their significance. We will abstract the most important ones.

#### *Eczema*

While eczema is so often regarded and too frequently treated as a wholly local disease of the skin, often without success, in certain cases it gives signals of danger of no uncertain character. These, if heeded, result to the best interests of the patient and the cure of the disease, but if disregarded, may result most disastrously.

Generalized eczema, or that affecting many localities, is almost always a sign of nervous or physical breakdown, and a most careful study of the patient in every particular will often reveal gross errors in life or habits, which, if unchecked, will lead to direful results. Localized neurotic eczema of the hands or about the mouth will also often indicate a nervous strain to which the patient may otherwise succumb unless properly attended to. Eczema about the eyes is sometimes due to eye-strain or errors of accommodation which call for special attention.

But eczema is also not infrequently met with in those of full, plethoric habit, with a hard, bounding pulse, showing metabolic errors which may lead to kidney disease, or even apoplexy, if not controlled by proper measures. Again, many cases exhibit a weak, flabby pulse, indicating anemia or a greatly debilitated system, ready to succumb to disease, unless restored to a normal condition by appropriate treatment.

We see, therefore, that eczema may sometimes be a blessing in disguise, if its danger signals are recognized, properly regarded, and correctly interpreted.

#### *Acne*

Many look on acne as only an unpleasant accident, annoying to young persons, and hardly meriting much professional attention. But acne is often a danger signal which it is not wise to ignore. It is frequently the sign of grave metabolic disturbances dependent on gross errors of diet and hygiene, and often associated with constipation and gastric disorders, which lead to serious consequences if unchecked. In many cases it is due almost wholly to anemia, and is often one of the first signs of breakdown from overstudy and confinement, or from a combination of these and society dissipation. The cold and clammy condition of the hands and feet, so constantly observed as an accompaniment to acne in young persons, is surely an indication of something wrong which should be attended to by the physician called on to relieve the eruption on the face. The neglect of the many coördinate symptoms seen in patients with acne is responsible for much of the supposed rebelliousness of the disease.

The relations of the eruption of acne to the menstrual functions should certainly direct attention away from the purely local consideration of the eruption—for almost every woman affected will tell you that she realizes fully some connection between the two. Many years ago the late Dr. Peaslee of New York, in discussing the author's paper on Acne, declared that whenever he found an excessive amount of acne on the chin he looked for and found some disorder of the sexual apparatus, an observation which the author verified time and again. All know that acne in older persons invariably indicates internal disorder, often due to gross errors in eating and drinking, and a proper appreciation of these will often lead the patient to a reform which ultimately proves of the greatest possible advantage in many ways.

*Psoriasis*

This disease is sometimes erroneously called the eruption of health, because so many patients with it, to a superficial observer, appear to be healthy. But sufficiently minute and prolonged study of many cases, over periods of time, perhaps covering many relapses, will certainly show that this is not the case, and continually the appearance of the eruption will be a danger signal which it is well to heed and act on.

*Chronic Urticaria*

While acute attacks of urticaria may often indicate ptomain poisoning, which call for prompt attention, in its chronic form it frequently shows the presence of faulty metabolism and intestinal indigestion and fermentation, which, if unchecked, will certainly have other prejudicial effects on the system. The experience of every one shows that when these errors of intestinal action persist for any length of time they are liable to result in some other trouble, and the chronic urticaria may be the single warning sign which leads the patient to seek medical relief.

*Pruritus*

Severe, general or localized pruritus, like neuralgia in many instances, may be a nerve-cry or danger signal, telling of a lowered nerve vitality, which, if not improved by appropriate measures, may be followed by more serious results.

*Boils and Carbuncles*

These are too often regarded and treated simply as local affairs, often to the great detriment of the patient. While it is true that the presence of pus (especially in external regions) indicates the action of pus cocci, we now know, from the almost omnipresent existence of these organisms, that there must be some other cause determining their activity in particular localities. We know that microorganisms can not be cultivated on unsuitable media. Thus the recurrence of boils and carbuncles is continually found to indicate the existence of a lowered vitality of the system, sometimes of glycosuria. The danger signal should be

attended to, and all of these conditions appropriately treated if the best interests of the patient are to be served and other and later trouble avoided.

The author concludes as follows: "He but poorly serves his patient who hastily regards only the skin lesions and gives some local application without realizing the significance and true cause of what is often a signal flag of danger which Nature offers for his aid."

**THE LOCAL TREATMENT OF GONORRHEAL ARTHRITIS**

In a recent lecture on the treatment of gonorrheal rheumatism, Prof. A. Robin (*Revue de Therapeutique*, Dec. 15, 1906. Abst. through *N. Y. Med. Jour.*) summarizes his experience with several methods. In the first place, methyl salicylate and other antirheumatic agents are useless. Compresses wet with Van Swieten's solution (corrosive sublimate gr. 1-2 to one ounce of alcohol and water, 1 in 10) are valuable; should they excite pain and redness of the skin, they may be replaced with strips of gauze, moistened simply with cold water. Immobilization of the joint during the acute stage should be as complete as possible. When the joint becomes less painful, massage by light stroking and gentle passive motion should be instituted in order to prevent ankylosis. The method of Bier, of causing temporary hyperemia with local edema in the affected joint, has succeeded in the hands of Hirsch, who reported ten cures in twenty-five cases, but the experience of Robin in only two cases was not sufficiently favorable to lead him to recommend it. The pains were not diminished, but quite the contrary; in one case the symptoms were apparently aggravated. [The same has been practically our experience. W. J. R.] On the other hand, he had three cases in which the metallic ferments were employed with very encouraging results. In these cases he had used palladium in a colloidal state, giving it hypodermically in doses of from one- to three-hundredths of a milligram (1-6,000

to 1-2,000 grain) to the cubic centimeter. There was rapid diminution of the pain, and a remarkably prompt resolution of the arthritis followed. He had also employed, in other cases, colloidal silver in the form of an ointment, and had been very well satisfied with the results in every case in which he had used it. [Our readers will remember that our results with unguentum Credé coincide with those of Prof. Robin. In one case in which the wrist was affected, he had used emanations of radium. A compress which had been made radioactive by exposure to radium was applied. Robin was astonished by the rapidity with which the pain ceased and resolution took place. It should be mentioned, however, that at the same time the patient was attacked by orchitis, which is usually accompanied by cessation of other manifestations, but Robin has never previously seen retrogression take place with such rapidity. When blennorrhagia is present in cases of joint inflammation, it is not now the practice to allow it to continue, but it is treated by irrigations of potassium permanganate (1 to 1,000) and by urethral injections of the albuminoid silver salts. Internally the following is a good combination to give:

Copaiba.....	Gms. 20.0
Powdered cubebs.....	Gms. 40.0
Ferric potassic tartrate.....	Gms. 3.0
Calcined magnesia.....	Gms. 10.0
Distilled water.....	Gms. 6.0
Syrup of quince.....	q. s.

M. Make a paste, and divide into boluses the size of a hazelnut. Take five or six of these in the course of a day. [Rather ancient treatment.

When the inflammation of the joint has subsided, efforts are made to restore the mobility of the joint by massage, systematically applied, not only to the immediate vicinity, but to the muscles more remote, in order to increase the vitality of the limb and reeducate the muscles. Electricity, both galvanic and faradic, aids the restoration of function to the parts affected. Counterirritation also is useful, but instead of the blisters which he formerly used, Robin now employs applications of tincture

of iodine or linear cauterization; superficial and frequently repeated. Baths containing oil of turpentine and soft soap (aa. 100 grams, or 3 1-3 ounces) are valuable, but Robin prefers local applications, either baths or dry heat, using sand bags and the heating apparatus (oven). Clay or mud baths, applied to the joints affected, are worthy of consideration. Vapor baths containing terebinthines are constantly employed, and often yield surprising results when carefully supervised. The general state of the patient must be looked after, and a tendency to anemia, when it exists, can be counteracted by preparations of iron. Later this can be alternated with a solution of sodium arsenate (0.05 gram, gr. 5-6) with potassium iodide (5 grams, or grs. 75) in distilled water (300 grams, or ozs. 10); dose, one teaspoonful on rising in the morning and one just before breakfast each day. Treatment of the joint by aspiration may be necessary in cases of large effusion, but simple evacuation is not recommended. Gaillard's modification, however, is practised with good results. A syringe of a capacity of twenty cubic centimeters is employed, and the fluid [a part of it. W. J. R.] is first withdrawn from the joint; then (the canula being left in place) 20 Cc. of a solution of corrosive sublimate (1 to 4,000) is introduced into the cavity, from which it is withdrawn in a few minutes. This procedure is repeated four or five times in succession. In place of the sublimate, a weak solution of phenol may be used, or even a solution of gold and sodium chloride (1 to 2,000 or 1 to 4,000), with excellent results. Arthrotomy or surgical intervention proper will be only required in cases of extreme urgency, or where the joint is obviously suppurating. In all other cases medical treatment as outlined above will prove sufficient.

#### GONORRHEA IN WOMEN AND ITS TREATMENT

Dr. A. Routh (*The Clinical Journal*) states that in women gonorrhea is one of the most serious diseases because of the

danger of the internal pelvic organs becoming involved. He regards it as far more serious in a woman than is syphilis, as a husband with an apparently cured gleet may keep on re-infecting the wife—for a single attack of gonorrhea does not render the patient immune. Again, the woman may have her endometrium reinfected after being cured, by discharges from a gonorrheal salpingitis.

Clinically the disease manifests itself either acutely or insidiously. In the acute variety, after a period of incubation covering three to five days, there are first noticed heat and dryness of the parts, with swelling, tenderness and painful micturition. An irritating, thick, purulent discharge makes its appearance in about two or three days. Most of these conditions quickly abate, but leave the vagina bright-red, the portio bright red, with pus oozing from the cervix. Thus, within a week, vulva, vagina, endocervix and urethra are all inflamed. At the end of ten days or a fortnight the discharge will grow less, or pass on into the chronic form, or lead to endometritis, salpingitis, perimetritis, or other complications.

The insidious form comes on, as a rule, in a newly married woman whose husband has had a gleet for many years, which, for some time, has been supposed to be cured. It may assume an almost undiscoverable type and be demonstrable only by the discovery of a few lurking gonococci in the cervix and endocervix, which, apparently, produce no symptoms in the patient.

Regarding treatment, an attempt should be made as soon as the acute stage is a little lessened, to stop the further progress of the disease. Under anesthesia, by preference, the vagina is douched and the cervix drawn down. A strong solution of liquor iodi (1 in 9 or 4) is applied to the endocervix as far as the internal os. To the whole vagina a nitrate of silver solution (dr. 1 to the ounce) is next applied through a Ferguson's speculum; and the same solution is painted over the whole of the vulva. This still leaves the urethra to be treated. On a Playfair's probe pure carbolic acid is introduced into the urethra, and one

application rarely fails to cure. Although one treatment may cure the patient, the procedure sometimes has to be repeated in five or six days.

If the catarrh is very bad, give oil of sandalwood in 15-drop capsules three times a day; or salol (grs. 5, t. i. d.); or urotropin (grs. 7, t. i. d.). These drugs are directed toward a persistent urethritis. The patient should be douched every day—plain water or boric acid solution at first; later, lead acetate or sulphate of zinc solution (dr. 1 to the pint).

The complications of gonorrhea may be endometritis and metritis. To prevent the further spread of the infection, a strong application of iodine to the uterine interior, preceded, perhaps, by a curettage, is advised. Every second day for a week or two a fresh piece of gauze dipped in iodine and glycerin should be applied to the endometrium.

Another complication is salpingitis, which may lead to pyosalpinx, and if bilateral, to permanent sterility. Pus tubes should be incised per vaginam and drained. Such tubes often recover themselves. Salpingitis occurs in 33 per cent of women who have gonorrhea. Ovarian abscesses have been described. Ectopic gestation may occur in gonorrheal tubes. Rarely general peritonitis, but frequently local pelvoperitonitis is found. Venereal warts sometimes appear, which require snipping off and the actual cautery, then dust salicylic acid and oxide of zinc (1 to 2) over the parts. Buboec, urethritis, cystitis, bartholinitis, proctitis, ophthalmia, gonorrheal rheumatism or puerperal fever may supervene as complications, and require careful treatment.

#### MAGNESIUM SULPHATE SOLUTION IN THE TREATMENT OF GONORRHEAL EPIDIDYMITIS

Dr. Alexander A. Uhle, instructor in genitourinary diseases in the University of Pennsylvania, speaks highly of the use of a solution of magnesium sulphate in the treatment of gonorrheal epididymitis (*Amer. Jour. Dermat.*).

The method used is as follows: The patients are confined to bed and the bowels thoroughly evacuated. The scrotum is elevated by a towel twelve inches wide rolled up until about two inches in thickness. This is placed between the scrotum and held in place by tapes on either side, fastened in front and behind to a band encircling the body. A "T" bandage will answer the same purpose, the tail being divided and one end being brought up on either side of the scrotum. The entire scrotum is covered with about fifteen to twenty thicknesses of gauze, which is saturated with a saturated solution of magnesium sulphate, the gauze being kept moist without changing, to avoid unnecessary handling of the part. With this treatment the pain is relieved in from three to twelve hours, and the swollen epididymis reduced to almost normal size in a few days. A hard nodule remains behind for some time, as it does in almost all cases treated by any method.

The author reports briefly the histories of thirteen cases treated at the Philadelphia General Hospital by this method and adds that since the writing of the paper he treated many patients suffering with epididymitis and other acute inflammatory conditions, such as phimosis, lymphangitis, edema of the scrotum and inguinal adenitis, with invariably good results. Indeed, in some cases the short time in which the pain and swelling disappeared was surprising.

#### THE SPIROCHÆTA PALLIDA

Max Wolff and Theodore Saling (*Centralbl. f. Bakteriolog.; Med. Notes and Queries*) have been engaged in a controversy of considerable bitterness relative to the existence of the recently discovered spirochæta pallida, which is reported to be the cause of syphilis. The latter investigator has taken the offensive and declares that there has been too much haste in accepting the spirochætal theory, that there is not sufficient scientific basis for its acceptance, and he urges extreme caution. Saling holds that the silver-stain method as a proof of the existence of the spirochæta is deceptive,

for, probably, what has been taken for that organism is nothing but the very small nerve terminations and even other tissues sensitive to silver stain. His opponent, Wolff, however, makes a strong plea for the organism.

Other prominent bacteriologists and investigators have taken sides pro and con in the question. H. Friedenthal shows spiral nerve fibers stained by the silver method from a carcinoma of the breast of a non-syphilitic patient, which have identically the same appearance as the so-called spirochæta. He likewise urges caution and declares that because hitherto scientists have failed in producing artificial cultures of the organism causing syphilis, and that as our knowledge of the spirochæta pallida is entirely dependent upon indirect evidence, the etiology of syphilis will only be placed upon a firm basis when the silver-stain process has been given up. His conclusion is that "when typical Giemsa-spirochætæ are found in all syphilitic diseases, in the same manner that the silver-spirochæta is found now, then, and only then, can the spirochæta pallida, without question, be admitted as the cause of syphilis."

#### A CASE OF SYPHILITIC TUMOR OF THE STOMACH AND LIVER

Syphilitic tumors of the stomach are rarely diagnosed, hence the following case reported by Dr. Max Einhorn is of interest (*Int. Med. Rev.*, Vol. I, No. 1). The patient, 34 years of age, had a chancre seven years ago. He had taken specific treatment. About six months ago he began to complain of pain in the stomach, a bad taste in the mouth, flatulence, as well as of moral and physical depression. He was unable to work, lost about twenty pounds, slept badly, and also complained of pain in the shoulders and ribs. On examination the stomach was found considerably enlarged, while in the pyloric region a tumor about the size of a goose-egg was felt distinctly in the anterior wall of the stomach. The liver also was considerably enlarged. The patient was given sodium

iodide, but a week later, when the tumor seemed to be somewhat larger, mercurial ointment was ordered. The patient continued this specific treatment for two months, at the end of which he gained twelve pounds in weight and felt perfectly well in every respect. No tumor could be felt and both stomach and liver diminished in size considerably.

This case shows how careful one must be in the diagnosis of tumors. A superficial examination would have led most physicians to the diagnosis of cancer of the stomach with metastasis in the liver. A gloomy prognosis would have been given, which, with the lack of proper treatment, might have led to a speedy fatal termination.

#### YEAST IN GENITOURINARY WORK

Captain Thomas Page Grant (*Military Surgeon*, May) recommends the use of yeast in male and female gonorrhea, etc. He uses the ordinary household yeast and he employs it either in the form of a tampon (yeast two parts, glycerin one part, water one part) or in the form of pencils with cacao butter, the crayons or pencils consisting of 2 grains of yeast and 18 grains of cacao butter. He claims that the use of yeast shortens the course of the disease very materially.

#### ARHOVIN IN GONORRHEA

Dr. Stock, reviewing the modern treatment of gonorrhea in the male (*Medico*, 1907, No. 7), emphasizes the importance of internal medication. A purely local treatment often is unsatisfactory and cannot be used continuously when complications are present. Of the internal remedies he prefers arhovin because, while vigorously antigonorrheal, it is free from the untoward effects of the balsams. Arhovin internally alone is indicated in acute anterior urethritis with intense inflammation, pain on urination and swelling of the meatus. It is also a complete substitute

for specific medication when complications have arisen, such as epididymitis, cystitis, or inflammation of the urinary tract. In chronic gonorrhea it is sometimes astonishingly effective.

Dr. Zorn of Brunn also lauds arhovin as our very best internal antigonorrheal, and details a number of cases of anterior and posterior urethritis, acute urethrocystitis and chronic gonorrheal cystitis in which convincing results were obtained (*Fortschritte d. Medicin*, 1906, No. 34).

#### LUPUS ERYTHEMATOSUS OF THE FACE CURED BY UNILATERAL ERYSIPELAS

Hallopeau and Bondet report a case of a young woman, twenty-three years of age, who had a patch of erythematous lupus upon her face, which began three years before. It occupied both cheeks, the chin and the nostrils. At this time she was attacked by erysipelas, which was circumscribed and only affected the right side of the face. Following the subsidence of the acute affection the lupus of the affected side gradually receded and disappeared, leaving only slight discoloration and a cicatricial appearance. This unilateral cure gave the patient a very peculiar look, as the disease on the left side was not influenced. The clinical observation that the streptococcus toxins overcome the pathogenic agent of lupus erythematosus, as has been likewise observed in tuberculous lupus, receives additional confirmation by this case, and is another trait common to these affections.

#### HELPFUL POINTS

##### *Arbutin and Ammonium Benzoate*

The addition of arbutin and ammonium benzoate to hexamethylene-tetramine always improves the action of the latter.

##### *Aconitine and Hyoscyamine in Cystitis*

In all cases of cystitis the employment of aconitine or hyoscyamine will prove a useful adjuvant to all other measures.



## GLEANINGS from FOREIGN FIELDS

TRANSLATED BY E. MEPSTEIN, M.D.



### CRYSTALLIZED ACONITINE IN NEURALGIA

Demonstration that crystallized aconitine is almost a specific in hyperemic neuralgias; also that the dread of using it is unfounded if judiciously administered

**I**N the first rank of remedies against neuralgia belongs crystallized aconitine; its analgesic properties are well known and have proved themselves such for some years past. We have the right, therefore, to speak of it as a powerful remedy, really heroic, whenever it is administered in accordance with its indication and in its appropriate way.

Aconitine acts at first on the conscious and painful sensibility and after that on the reflex sensibility, if the dose was sufficient. It evidently seems to be endowed with a special action upon the trigeminal sphere. Its initial action consists in a functional excitation, then in a progressive diminution which can go on to a complete loss, momentarily, of the sensibility in all its modes, according to the strength of the dose given.

In virtue of its contractive power alone over the capillaries aconitine deserves to be regarded as a powerful antiphlogistic. Thus its action over the inflammations, joined to its physiologic action on the nervous system, would incline us to think favorably of its effects and possible energetic action in *hyperemic neuralgias*, and clinical experience has duly confirmed the expectation which physiology had indicated. It has shown itself equally efficacious in a number of neuralgias or neuropathies either of central origin, where the direct course of it

was hyperemia, or when it was reflexive from some nerve centers.

Dr. Oulmont says that it succeeds perfectly in certain forms of essential facial neuralgia. In two to three days it accomplishes the cure. Even in neuralgias of secondary hyperesthesia (dental caries, otitis interna, paraplegia, etc.) aconitine is not without efficacy so far as it calms pain, nor without its action on the primary cause, which has to be treated separately, of course. "With crystallized aconitine," says Gubler, "I succeeded in suppressing momentarily a tic douloureux which forced tears from the patient and deprived him of all sleep."

"In the neuralgias of the trigeminus," says Gubler, "the effects of aconitine are truly marvelous. The finest successes were obtained with it by me and by a majority of other practitioners in trigeminal neuralgias, so that some wanted, and not without good reason, to make of aconitine a specific against this disease."

"Aconitine," says Dr. Laborde, "possesses such a powerful action with regard to facial neuralgia and so sure is it that it constitutes, I dare say, an infallible touchstone for a decisive indication of a surgical operation. If after its properly and systematically conducted administration for forty-eight hours, or three days at most, there was no progressive diminution or ces-

sation of the neuralgia, we may be sure that medical help had done all it could and has no place here any more, and I confirm this expressly to the surgeons.

I spoke just now of the well and systematically conducted administration of aconitine. Now let me be permitted to say positively and formally that the danger and the fear with which this medicament was regarded do no more exist and are no more justified than in any other alkaloids of a similar nature whose activity is always fundamentally very high, and which is just what constitutes their medicinal power. *These dangers, I say, do not exist and are never produced, and of this I have assurance from my experience of long ago. All this, however, on condition of strict adherence to the following precepts, viz.:*

(1) *Under no circumstance employ any product other than that of guaranteed chemical purity and from an assured source.* (2) Do not administer at one time more than a quarter of a milligram (gr. 1-250, about) of the active principle in a granule, and each granule at an interval of at least four hours, or an average of five hours, so that you do not exceed one milligram (gr. 1-65, about) in twenty-four hours.

With these conditions one may be sure of the therapeutic effect of the remedy, if it is indicated, without any danger, and even in most cases without any other functional signs which, if they do show themselves, may be only the physiologic sign of tingling in the tongue and lips." (From A. Houde's *Revue Therapeutique des Alcaloides*. Feb., 1907, pp. 734-35.)

#### AGARICIN

The active principle of white agaric (*Polyporus laricis*) is agaricin. It is an acid of the formula  $C_{16}H_{32}O_6$ . Dr. Combemarle makes the following statement concerning this substance:

1. Agaricin is an antisudoral, acting promptly against all kinds of exaggerated sweating, so too against the sweating of the tuberculous, especially in their second and third periods.

2. The use of agaricin is not accompanied by any inconveniences in the digestive tube of a kind that were not present before the administration of this drug.

3. The anhidrotic action of agaricin begins two hours after its administration, reaches its maximum two hours later, and ceases at the end of eight hours.

4. It is not necessary to increase the dose of agaricin in order to obtain its full antisudoral effect, which shows that it has no habituating action.

5. Neither has agaricin cumulative action, which makes possible its administration for as long a time as it may be indicated.

How does agaricin act? According to Hoffmeister, by paralyzing the peripheral nervous apparatus of the sudorific glands. Its action is produced with small doses, not enough to affect the central nervous system at all nor the grand sympathetic. It does not moderate either the salivary or lachrymal secretions. It does not modify either the rhythm or the frequency of the respiratory action. Lastly, it does not seem to influence the functions of the skin nor the exhalation of the lungs. The last result is explained by the fact that there is less thirst while one is taking agaricin, consequently much less water is ingested.

When does the agaricin produce its effect? At the moment of its being absorbed or at that of its elimination. It is very probably at the moment of elimination, since it does not begin to act until two hours after ingestion and lasts during the entire period of its elimination. That which speaks most in favor of this interpretation is the fact that the action of agaricin does not persist beyond eight hours, and inasmuch as it has no cumulative action it is not maintained after that time.

Agaricin is not the only medicament which is prescribed against excessive sweating. Quite a number of more or less value have been lauded for that purpose. Thus the astringents tannin, rhatany, and acid lemonades, etc., are prescribed. So too are given the acetate of lead for some time,

which is not altogether harmless. Dr. Martin of Munich gives 0.50 centigrams (grs. 7 1-2) of sulfonal in the evening against phthysical sweating, but the prolonged use of this drug is fraught with great danger. Ergotin is an incontestably efficacious medicament, but when long administered, gastrointestinal troubles are sure to appear soon. The same is true of Hydrastis canadensis, which also diminishes the pathologic perspiration of the tuberculous but weakens the digestive canal.

For some years past acetate of thalium was extolled, but it has the great objection of inducing falling out of the hair and exposing the patient to alopecia.

Atropine is the most powerful antisudorific prescribed, but its activity should warn against its use except with great precaution. Moreover, it not only suppresses the perspiration but all other secretions—saliva, tears, and so on. Its administration is not without inconveniences when it has to be done for any length of time.

It is not so with white agaric, which has enjoyed a great reputation for a long time past. Haen, Andral, Trousseau and Peter employed it frequently because it has proved to them its excellent effects. But the objection to agaric is that its effect does not last long and has to be repeated periodically, and it is, therefore, better to take recourse to agaricin which is free from this inconvenience. (H. Vigouroux, in *La Dosimetrie*, Oct., 1906, p. 194.)

#### NECROSIS OF THE VAGINA AFTER WASHING WITH LYSOL

The case was that of a thirty-year old patient who had an abortion and received vaginal douches of a half-per-cent lysol solution. "I was called to see her," says Dr. Steltzner of New York, "on account of great pains, which were aggravated during urination. I found," he says, "necrosis of the vagina around the meatus urinarius at the entrance into the vagina. The dark, smeary deposit reparated in about a week in large shreds, yet I cannot

say how far the necrosis extended upwardly, because the examination was too painful." The danger from lysol was already mentioned before elsewhere. The main danger lies, according to Steltzner, in the inaccurate makeup of the solution. The lysol is added to the water haphazard and they do not really know what percentage they get. It is also not to be forgotten that lysol dissolves very slowly and so undissolved portions of it may come in contact with the mucosa.

Interesting in this case was also that the vomiting against persistency of which the abortion was induced returned when the necrosis took place and the labiæ became swollen. It is difficult to say whether the second vomiting was a reflex from the swollen labiæ, as the primary was from the growing uterus, but neither can it be denied off-hand.—(*New Yorker Medizinische Monatsschrift*, Feb., 1906, p. 62.)

#### CHEMICAL CORRELATIONS IN THE ANIMAL ORGANISMS

At the assembly of German scientists and physicians in Stuttgart, September 16-22, 1906, Starling of London spoke as follows on the subject of the above title: Organic life is possible then only when all parts of the organism work cooperatively together. When any part is destroyed, the loss must be restored if the organism is to suffer no damage, and this restoration is accomplished by the formation of chemic substances which are similar in their effects to our medicinal remedies. These substances exercise a certain irritation on the other organs to which they stand in chemical correlation, and he therefore calls them "hormons" (from the Greek *hormao*, i. e., I excite, I arouse).

In this category belongs the carbon dioxide tension of the blood upon which is conditioned the process of respiration, and with it muscular activity. Here belongs also the increased secretion of the liver and pancreas when certain irritant substances are introduced into the duodenum. Most plainly is the action of these

hormones seen in the reciprocal relation between mammary gland and genital organs. The breasts begin to grow when the ovaries begin to functionate. If the ovaries are removed the mammary glands cease to grow. Again, the mammae grow when pregnancy takes place; colostrum begins to be secreted; when the fetus is expelled the mammae cease growing and they begin to secrete milk. The irritation from which the activity during pregnancy proceeds does not come from the placenta nor from the chorionic villi but from the fetus itself.

If embryonal extract is injected in a female rabbit, then its mammae begin to grow, and in one case of such an experiment milk, too, was secreted. Starling closed his interesting remarks with an outlook toward that time when physicians will have a complete mastery over the functions of our organism, when they will really enter upon the mastery of our bodies. (As things and human beings are as they are now, we are inclined to exclaim prayerfully: "Good Lord, defend us yet for some time!"—THE GLEANER). (*Wiener Med. Wochenschr.*, No. 4, 1907, p. 191.)

#### OPERATIONS FOR GASTRIC PERFORATION

Körte and Brentano report in *Archiv fuer Klinische Chirurgie*, Bd. 81, L. 83, thirteen curative operations in gastric perforation out of nineteen cases, which success is to be ascribed to the early operations on them. Those that were operated in the first nine hours after the perforation took place were all saved. The perforation was sewed up, and the abdominal cavity cleansed with a salt solution. Some gastroenterostomies were made in these cases. Brentano speaks about the important diagnosis as follows: The strong, sudden pain and the tension of the abdominal walls should at once make us suspect perforation and the anamnesis points to the stomach in two-thirds of the

cases. The disappearance of the hepatic dulness is not always present (on account of the abdominal tympanitis). Two of these cases were hysterical simulations of the picture of the disease. Körte thinks that he will next be able to unmask a case like that when it presents.—(*Wiener Med. Wochenschr.*, No. 2, 1907, p. 99.)

#### MOELER-BARLOW'S DISEASE AND SCURVY

In the dispute whether Barlow's disease is to be ranged with scurvy or to be regarded as an independent disease by itself, Eugen Fränkel contributes a paper in the *Muenchener Medicinische Wochenschrift* which should decide in favor of the first proposition. The author had a large material of twenty cases which he examined postmortem, the results of which he compared with the clinical appearances of the disease, and x-ray examinations during the course of the disease afforded valuable results. The therapy of the disease has to be as antiscorbutic as it is scorbutic anatomically, and it should consist of meat juice, orange juice and grape juice. The mortality of the ailment is not great when properly treated.—(*Wiener Med. Wochenschr.*, No. 3, 1907, p. 149.)

#### IBOGAINE, OUABAIN AND YOHIMBINE

These three medicaments are liable to be and often are confounded with one another, but their properties differ widely. Ouabain is extremely toxic. It has been experimented with in asthma and whooping-cough. Yohimbine is an aphrodisiac. Ibogaine is derived from Congo iboga and is little toxic. It is a neurosthenic and at the same time a tonicardiac medicament also, and a nutrition excitant. The dose is from one to three centigrams (gr. 1-6 to gr. 1-2) in twenty-four hours, to exceed which is useless. It is best given in pill form.—(*Gazette des Hopitaux*, 1906, p. 1725.)



## "A CRITICISM AND A REPLY"

The viewpoint of a "cross-roads" doctor concerning one of the critics of active-principle therapy, whose article appeared in the May Clinical Medicine, page 536

I HAVE never traveled in the Southwest, and did not know that the chestnut tree grows in New Mexico; but that Burr, who wrote a criticism for the editor to reply to, must have grown on that "same old chestnut" that I have been hearing from ever since 1858, when I first began mixing pill-mass in a mortar in the office of a cross-roads doctor.

"Authority!"

In matters pertaining to the Christian religion you may look upon the sayings and teachings of Jesus as "authority," but even Paul himself admitted, "Here speak I". That was opinion.

How noticeable it is that those men—those rare men—the Emersons, and Tennysons, and Darwins, and Edisons, whose works speak for them, assume so seldom the role of "authority."

I will cite the physician who is looking for "authority" to those whose work forms the basis for Murphy's abstract on "Massage of the Heart," pp. 19 to 22, Volume II—Surgery—of the "Practical Medicine Series," Chicago, 1907. There they have it, and how helpful and sustaining it would be to them if called at 12 o'clock at night to a nigger cabin to find two or three colored sisters, with hysterical manifestations, after returning from a religious experience under the teachings of Br'er Jawsnsing.

Dear old Austin Flint (in his younger days he was my grandmother's family doctor) divided medical knowledge into "Science" and "Art." The art is the part that keeps the cross-roads doctor busy. Were it not for the scientific section we should be on a par with the man who gathers roots and herbs and the woman who makes teas from them. We have to have the science just as we have to have measles, but enough is enough, and the "smallest possible quantity" of most of that we get will do.

A threshing machine is a necessity to the modern civilized man, but with our inferior digestive capacity I suspect that its value depends as much upon the great stack of straw and chaff as on the measure of grain. Dr. Burr is so "dead easy" that the idea suggests itself that perhaps he is just a straw doctor that the editor keeps in a corner to write criticisms for him to reply to when he is all tired out, and doesn't feel like doing much, but for the moment I am going to consider him as the "real thing."

If Dr. Burr will turn to the title-page of "Pharmacology and Therapeutics," 6th edition, by Reynold Webb Wilcox, M. A., M. D., LL. D., P. Blakiston's Son & Co., Philadelphia, 1905, and consider that it takes one-fifth of the letters of the alphabet

to indicate the degrees that he has attained, and read the list of honorable positions that he holds in the profession, then he will admit, I think, as I do, that that gifted man may be cited as "authority," unless Dr. Burr holds, as I understand Dr. Osler to claim in his interesting account in the April number of the *Bulletin of the Johns Hopkins Hospital* of a collection of books presented to the Johns Hopkins Medical School by Mr. Marburg. These books were published in the seventeenth and eighteenth centuries—old foggy, maybe. Dr. Osler goes on and gives his ideas of what a medical library for students should be: Hippocrates, Pliny, the Arabians, Linacre, Fabricius, Sylvius, Harvey, the Hunters, Magendie, Bernard, Boerhaave, Bright, and about a hundred more of the classical writers. (A "statesman" has been defined as a "dead politician." Is it possible that the same rule applies to "classics?") But he says, "A medical library should not be encumbered with the evanescent text-books and monographs that constitute the bulk of the present literary product of the profession." Unless Dr. Burr endorses that sentiment of Dr. Osler's (who is "authority") then Dr. Burr must consider Dr. Wilcox an "authority" also.

Now if Dr. Burr will turn to page 305 of Wilcox's book, at the bottom of the page he will find: ".....aconitine, which is recognized as the most toxic of all known alkaloids." Then turn to page 312 and begin at "Internal" and read to the bottom of page 314 and observe the numbers of pathological conditions in which "it may be used to advantage," and then let the doctor think a little.

The writer is only a cross-roads doctor, and has spent more hours on horseback than he has in going through the wards of various hospitals, followed by a troupe of students and nurses, and that has given him time to think out the fact—which Wilcox failed to emphasize—that it is not alone the degree of toxicity of a remedy but also the quantity that is given and the attendant circumstances that must be considered. I know of few drugs that are not

poisonous if only you give enough. I have seen a boy dead from drinking too much whisky, but, even in New Mexico I have never heard that a man was liable to indictment for criminal intent if he invited a friend to take a drink. I once saw a boy dead from eating too much sauerkraut, but still our careful German friends "chaw on" with the utmost apparent unconcern. For two terms during his college days the writer assisted the professor of physiology in his laboratory and had occasion to anesthetize a great many animals. Through carelessness he killed several with ether. Since then, in practice, he has frequently administered chloroform, ether and other anesthetics, and fortunately, so far, with no bad results. He has taken care to use just enough, but none too much.

If instead of giving a granule of aconitine I were to take the crude aconite and attempt to work out the alkaloid myself, or if I had directed a registered pharmacist to do it, I should feel anxious, in fear that through the incompetence or carelessness of the manipulator I might be giving too much. But when I take the product of first-class, high-grade manufacturers—say P. D. & Co., or A. A. Co., if you please—and have their label and guarantee that I am getting just so much morphine, or atropine, or aconitine, I lean on them, and, having faith, am not afraid, and so far my confidence has never proven misplaced.

When a budding "authority" administers poisons to guinea-pigs in a laboratory he may give toxic doses to study the physiologic effect of that drug on guinea-pigs, but when a cross-roads doctor saddles up at night and starts out to see a sick baby or a dying woman, he goes to relieve suffering and avert death, and if his head has not been turned in his vain attempt to harmonize "authorities," he tries to get the desired therapeutic results from the "smallest possible quantity of the best obtainable drugs" that his judgment and experience have taught him the circumstances of the case require—and there you have it!

Therapeutic, not physiologic or toxic, is the effect that the every-day cross-roads doctors are looking after. We all know that there be ills so petty and insignificant that it is considered unmanly for one to pay any attention to them. It is scarcely to be expected that one who is bucklered by "authority" will deign to refute these expressions of simple opinion or a cross-roads doctor.

Many years ago I wrote on the fly-leaf of some text-books the following dictum of Huxley's:

"Give unqualified assent to no propositions the truth of which is not so clear and distinct that they cannot be doubted," and his definition, "Doubt is that active skepticism that strives continually to conquer itself."

No one can have a higher regard for the opinions of thoroughly established authorities than I have, but it will be found that thirty years' strict observance of the above rules will shake the pedestals upon which many popular idols stand.

"Hold fast that which is good."

S. S. S.

—, West Virginia.

—:o:—

Let any man, "authority" or whatever he may prefer to call himself, lock argumentative horns with "cross-roads doctors" like this one and we warrant that he will have a more wholesome respect for the entire class. The men who speak slightly of the country doctor either do not know him or are themselves so steeped in their own conceit that they are incapable of appreciating and understanding him. As for ourselves, we have been making the acquaintance of the country doctor for many years and the more we know of him the better he stands in our good opinion, even in comparison with the city man. We are glad, indeed, to give our friend, who prefers to be unknown, an opportunity to answer Dr. Burr from the point of view of the men who are actually doing the country work, and who know its disadvantages as well as its advantages, its needs as well as its possibilities. The

article speaks for itself and requires no commendation at our hands.—Ed.

#### EMETINE—LITHIUM BENZOATE— ARBUTIN

I have a few clinical observations to record at this time, and while I have a feeling that this will be consigned to the waste-basket, I am somewhat encouraged by articles printed in the past.

Emetine was given recently for constipation to an infant of six months. One granule three times a day, as needed, increased intestinal secretions so that stools were normal in frequency and consistency.

Another case successfully treated with emetine was that of an adult. There was present tenesmus and bloody and mucoid discharge when at stool. The tenesmus was continuous and of two days' duration. Diagnosed as a case of colitis. For this patient I left sixty-seven granules of gr. 1-67 of emetine, with directions to take dry at once, as it was in the evening. The patient slept well. The next morning her husband told me she had had two black stools, but no blood, tenesmus or mucus. She was cured. The patient blessed me and I was in turn grateful to the originator of the treatment.

Lithium benzoate has seemed to me to do more good than any other drug in those mild cases of muscular rheumatism which are so aggravating to the patient.

I can verify the statement that bryonin is a diuretic, at least I can state positively that it acted as such for me in one case.

In regard to H-M-C I had an opportunity to test it in an obstetric case recently. It was a primipara, normal in every way. I had promised to give something for the pains when she asked for it. When the pains became severe I injected one tablet, which did not relieve the pains very much, nor retarded them. One and one-half hours later I injected the second tablet, and the patient went to sleep, crying out a little during the pains, but apparently there was no conscious sensation. I finally de-

cided to use the forceps, and was compelled to use a little chloroform to quiet the patient while applying them. After delivery of the child I was obliged to deliver the placenta by manual extraction, using a dram or so of chloroform to quiet the muscles of the patient. About an hour after I had left the house the patient awoke with the remark, "Oh, how many more pains have I got to have before that child is born." The baby acted as if asleep after the delivery, presumably from the anesthetic. No disagreeable after-effects from the anesthetic. The patient had severe after-pains and had to be catheterized for one week, due, I think, to manipulation of the parts during delivery.

Arbutin I used in one case of gonorrheal cystitis recently, combined with hexamethylene-tetramine (formin). Dose of the first, gr. 1-6 hourly, of the latter, gr. 5, t. i. d. with plenty of water. Improvement was almost immediate and the very next day the patient had stopped his frequent micturition, which had troubled him for a week or more. I have used arbutin in several cases of chronic cystitis, and it seems to be of more benefit than any other single remedy.

One thing more and I am done. In my alma mater the professor of therapeutics always carried with him a nine-vial case of active principles, and he always expressed a belief that typhoid fever could be aborted and taught us to use active principles whenever possible.

If I could write well I should like to take up the discussion on the prescription, but enough for the present.

R. A. BLACK.

Burnham, Me.

—:o:—

A valuable contribution, which is appreciated. No waste-basket for this kind of material, Doctor! Emetine is a most valuable stimulant of the gastrointestinal secretions, and in cases of dysentery the action is often ideal, just as in this case. The somnolence of the infant, occasionally reported, has been shown to be due to the morphine, and this can be avoided by giv-

ing the combination in the smaller dose. Arbutin is, indeed, a splendid remedy in cystitis.

Your professor of therapeutics was of the right kind. Would there were more like him! If there were, there wouldn't be so much pessimism concerning the value of drugs among the rising generation.—Ed.

#### EXACTNESS IN EVERYTHING BUT MEDICINE

I am a firm believer in the alkaloidal system, in fact, I think it the only correct way. You know it has always seemed strange to me that we expect an engineer to use a perfect time-keeping watch, a builder a true level, a chemist reagents that are absolutely pure and with whose action he is perfectly familiar; in fact in all branches of business men use means that produce definite and certain known results. But the good old doctor comes along, and what does he use? Something put up by "Cure-All and Company" that is the "best thing in the market for rheumatism." After all, isn't it strange how little attention has been paid in the past to the action of medicines, how little seems to be known by the average doctor as to what results he must expect from a certain drug under certain conditions? If the patients improve he thinks, maybe, he gave the correct remedy; if he becomes worse, he doesn't know just what to think. How can a man expect results when he is ignorant of the true contents of a bottle or tablet? I know that the study and use of the alkaloids will surely result in better treatment and more cures.

C. A. GUILD.

Covington, Ky.

—:o:—

How can a man expect therapeutic results when he is absolutely ignorant of what he is giving or what effect the medicine has upon the human system? Doctor, we give it up! Forty thousand physicians in this country are slowly but surely striding onward toward better things and

the great majority of the men using the active principles in their daily work are attaining therapeutic results which under other circumstances would be impossible to them.—ED.

#### A CASE OF CHOREA OF FIVE YEARS' STANDING CURED

On December 22, 1906, a girl thirteen years of age, called at my office with her mother, who said her daughter had been suffering with chorea for the last five years, and after having been treated by five different physicians, she came to me on the recommendation of a former patient whose daughter I had cured six years ago. After giving her a thorough examination for any physical defects or other symptoms I might discover, I made a diagnosis of chorea. I put her on the following treatment:

Calomel, 1-6 grain every half hour, to be followed by a teaspoonful of saline laxative; this to be repeated once a week during the entire period of my treatment. I also gave her a supply of arsenic granules, gr. 1-67 each, two after meals, to be increased one granule every three days until her next call. I also gave her granules of hyoscyamine, amorphous, gr. 1-250 each, and ordered three granules to be taken at 9 a. m., 3 p. m. and 9 p. m.

Her next call was on December 30. I found her condition about the same as last week. She is now taking four granules of arsenic after meals. I gave her another supply and ordered five granules after meals and to increase the dose one granule every three days; also, to keep on with the hyoscyamine. She called January 9, and up to date she was taking seven granules of arsenic three times a day and three granules of hyoscyamine at 9 a. m., 3 p. m. and 9 p. m. Her mother said she saw a slight improvement in her condition.

I now ordered her to take eight granules of arsenic after each meal and to increase one granule every three days up to ten granules, and also to continue her hyoscyamine granules as before. I also instructed her to take notice to reduce the dose of

the arsenic if she got pain and diarrhea or vomiting with cramp.

She called again on January 15, and her conditions were as follows: Some improvement in her movements and her mental conditions are also sharper and she is brighter-looking than formerly. She had now got on up to ten granules three times a day, when cramps and diarrhea made their appearance. The arsenic was reduced to nine granules after meals, with three granules of hyoscyamine three times a day, and the pains and diarrhea did not come back again. I ordered to continue the nine granules after meals and to call on January 22, which she did. Her conditions have now greatly improved and the arsenic was ordered continued as before, together with the hyoscyamine, amorphous, until her next call.

She called again January 28 and was still taking nine granules of arsenic three times a day, without any symptoms of overdose, and I must say that she had improved wonderfully. I ordered the medicine continued until her next call. She called February 9, and said she had taken nine granules after each meal, with three granules of hyoscyamine at 9 a. m., 3 p. m. and 9 p. m. This without any disagreeable symptoms, and she said that she felt very much better and that the movements are only very slight. Her strength is much better and her memory has improved wonderfully, and she expressed the belief that she would soon be well. I ordered her medicine continued as before and to call again when it was used up.

The patient called February 16, and her mother said that the patient was very well and had very little left of her former trouble, and so far as she could judge, she was practically well. She has taken nine granules three times a day up to date with the three granules of hyoscyamine three times a day. I now ordered the hyoscyamine stopped and to leave off one granule of arsenic every third day until her next call.

The patient called again February 23. She was now taking seven granules three

times a day. I ordered her to continue the reduction until her next call, which was March 1. She was now down to five granules after meals. I ordered a further reduction, and when she called March 16 she had got down to two granules after meals. I gave her more granules and ordered her to reduce down to one after meals and keep that up until her next call. She made her last call March 23 and said she was feeling fine, and as I considered her cured, I gave her a good supply of the triple arsenate granules and ordered two after meals until all were gone, when she would be O. K. Why the other physicians failed in curing her is that, in my opinion, they did not give, as so often told in the CLINIC, "dose enough."

W. F. RADUE.

Union Hill, N. J.

#### THAT'S NICE OF KRAFT

"From all sources of information accessible to us as a homeopath we are quite convinced that The Alkaloidal Company is making big strides into the general medical profession. Its medication has the distinct merit of being exact and appeals to the practitioner, not only to him who is crowded with business, but as well to the younger man who is anxious to make quick work of his few cases and thus establish his reputation.

"There ought to be no doubt as to which would be chosen, the alkaloidal or the former old-school therapy, when they are in the balance. The claims this company has been making for the active principles during the past twenty years are well substantiated in the greater success which has greeted this enterprising company. Not even a devastating fire could quench the ardor and enthusiasm of Dr. Abbott. Sorry he isn't a homeopath for he would be a homeopath of the homeopaths, but since he is an alkaloidist, he is one of the finest."

—:O:—

The above is quoted from *The American Physician*, the splendid homeopathic publication edited by our wise and witty friend, Dr. Frank Kraft. Fine, Kraft, fine! All the

bouquets are received and appreciated, and all the good things you say of us are returned with interest. You'd make a good alkaloidist—indeed, I believe you are more than half one already! Can't I get you to confess it?—ED.

#### HYOSCINE-MORPHINE HYPODERMIC ANESTHESIA

The subject offered for our consideration is the new hypodermic anesthetic, consisting of hyoscine hydrobromide, gr. 1-100; morphine hydrobromide (or sulphate), gr. 1-4; and cactin (*Cactus grandiflorus*), gr. 1-67; this combination, as to dose, subject to change to suit the age of the patient or magnitude of the operation or the indication for its various uses. It has been used successfully in patients from 10 years up to 82 years of age. It also has been used in one case of amputation of both of the lower limbs, with the addition of 60 drops of chloroform by inhalation.

The dominant action of hyoscine is on the cerebral cortex; it is also a centric depressant of respiration and depresses the *whole motor cord*. Its influence on the circulation is only slight. (Wood's Therapeutics, page 188.) In large doses it is a vascular and heart depressant and respiratory paralyzant.

Cactin increases the energy of the cardiac contractions, heightens the arterial tension, and has a *direct stimulating action on the motor centers of the cord*. (Shoemaker's Therapeutics, page 383.) Myers (Potter's Therapeutics, page 226) has physiologically studied cactus, and found it possessed very decided stimulating action upon the heart, the arterial tension and the *spinal motor centers*. Cactin is *therapeutically antagonistic* in its action to all undesirable action of hyoscine (or scopolamine), particularly on the motor centers in the cord.

Commercial scopolamine hydrobromide may differ in its physiological action, as well as on the heart and vascular system, owing to the variable quantity of atropine present; this may also offer an explanation of any difference that may be observed

between the action of scopolamine hydrobromide and hyoscine hydrobromide.

A number of years ago I was very much imbued with the idea that, in order to fit myself to become a good abdominal surgeon, it would be an excellent thing to perform intestinal resections and other abdominal operation work upon dogs for gunshot and stab wounds. The inspiration to do this work was given me through the publications of the pioneer work in this line of the eminent Chas. T. Parks, of Rush Medical College, as well as those of Senn, Wyman, the elder Cornell, Harvey, Reed, Lanphear, Curtis, Dawborn, Matas, Halsted and others. To the prosecution of this work I devoted much time and, while so engaged, I received a very flattering letter from Dr. Emory Lanphear, urging me to be present at the then approaching meeting of the American Medical Association and join his forces in opposition to, and in refutation of, the claims made by the illustrious Nicholas Senn, that the so-called hydrogen-gas test was an infallible diagnostic expedient for determining intestinal penetration in gunshot wounds of the abdomen. At that time, not being a member of the American Medical Association, it was not my privilege to add my mite to his indisputable contention, the consensus of opinion of that convention being to the effect that the dogma was fallacious, a conclusion which subsequent experience has verified.

Lanphear's letter excited in me a burning desire to acquaint myself with his writings and teachings, which resulted in creating in me a considerable degree of admiration for that gentleman's surgical ability. It may not, therefore, seem strange to you if I admit that recently, upon receiving a letter from him requesting me to try the hyoscine-morphine-cactin-compound method of anesthesia, that I immediately embraced the opportunity and wrote to Dr. Abbott of Chicago for a sample supply of this combination and, upon its arrival, commenced its use in my surgical work.

In private practice we have the best chance to test the value of this method of

anesthesia, particularly if the nurse be in sympathy with the operator.

Prepare the patient as usual for an operation under any other kind of anesthesia. If the operation is to be at 10 a. m., instruct the nurse to give hypodermically one tablet of the mixture at 9 a. m., and that only herself and yourself are permitted to enter the patient's room until three-quarters of an hour have elapsed, when the patient may be placed on the operating table and the second dose administered. Avoid all and every kind of noise. Do not permit the rattling of dishes or instruments, or any conversation. If a hysterectomy, or amputation, or an appendectomy, or any other major surgical operation is to be performed, the second dose may be given an hour and a half after the first dose, and in a half hour or hour thereafter, and the patient be put on the operating table and the third dose may be given any time after that, if it be required.

There will be patients—more often females than males, as they require less of the mixture—so affected by a single dose as to make it a small matter, and even of no consequence, as to whether silence is observed or not; but I believe it a better practice to speak in an undertone to the assistants and nurses or, better still, to point to the object you desire to have handed you while operating.

Those of you who have not used this mixture will be wonderfully and agreeably surprised in your first successful experience with it to see how marvelously well it acts. If the sleep be so profound as to produce stertor or, I should say, cause the patient to snore, and through your lack of experience with it you should become alarmed, you have only to turn him on his side and, if the snoring does not cease, to speak loudly and sternly to him, or to shake him, and he will immediately cease snoring, open his eyes and ask you what you want of him, and immediately fall asleep again. In cyanosis you would, of course, use the same procedure.

Just as the inexperienced anesthetist is constantly yelling at your patient, or

pulling out his tongue, or gouging his lips and gums in unsuccessful attempts so to do just at the moment when your patient is in the best condition for proceeding with the operation, so would we naturally expect one unfamiliar with this anesthetic and naturally cowardly to do when the patient is in the best condition possible for the continuance of his operation. Do not get frightened unless his condition becomes extremely alarming—which has not yet been the unfortunate experience of any one with this mixture.

Do not glean from these remarks that I am claiming absolute immunity from danger with this anesthetic. Some surgeons consider that a death-rate of one in sixteen thousand administrations of the volatile anesthetic, ether, is of little consequence, yet we know that it is just of that much consequence that one in 16,000 dies, and no one knows to whose lot that unfortunate patient may fall. This statement can be even more emphatically made for chloroform, which has a much greater rate of mortality. Deaths may follow this anesthetic mixture. It has been used thousands of times already by physicians, surgeons and obstetricians without a single death, but deaths may yet be reported from its use. When the causes of these deaths are analyzed, it will then probably be found to be due to improper selection of cases, i. e., to contradictory conditions in the patient. Lanphear and Abbott, to whom the credit is ascribed for introducing this anesthetic, say it should not be used in the presence of severe heart-lesions, nor given to those who are in the advanced stages of nephritis, nor in atheromatous patients. Other contraindications, in the near future, may be found, when its use is more frequently resorted to than now. Indeed, at first Lanphear advised against its use in extreme age or in the very young.

If scopolamine-morphine anesthesia produces death frequently, and not a single death has yet been attributed to hyoscine-morphine-cactin compound, I feel that I can afford to pin my faith to the latter. The splitting of hairs over whether it produces

analgesia or narcosis cuts little figure so long as the patient is freed from pain and safety is assured.

Hyoscine, freed from its deleterious ingredient or ingredients, must in some way counteract the large dose of morphine that is frequently given with it. The cactin acts as a heart-stimulant. In those cases where the respiration has been reduced below eight or nine per minute—I have not met with such an experience—simply turning the patient on his side or shaking him causes increased respiration, it is said.

Let us forget the personnel of the controversy and direct our attention to the merits of this new anesthetic and compare its freedom from danger with the extremely dangerous anesthetic, scopolamine-morphine. Do not let us argue that because cactin has no effect upon respiration that it has no efficacy in this combination. If scopolamine or hyoscine—freed from atropine—counterbalances any evils of overdosage or lethal result of morphine, let us accept it as claimed until we find out otherwise. Certainly scopolamine, which is said to contain this alkaloid, kills, and hyoscine does not—which will you choose? Or would you rather truckle to theorists and deny your patients the advantage of this marvelous expedient? I ask you to try it in all fairness, putting aside your prejudice toward it until you have tried it.

#### *Record of Cases*

At the outset I must confess that the few cases that I recite are not complete in their history. They were operated upon previous to the request made by your program committee to me for a paper upon this subject. Had I known that I was to present them I should have observed more cautiously and painstakingly the conditions of the patient previous to the operation.

CASE 1. Minor operation in the "Old Town" Emergency Hospital with the assistance of Dr. Sargentovitch, on a man aged 40 years. I followed Lanphear's directions to the letter. The patient experienced no pain, no nausea, and he slept for several hours after the operation with no remembrance of its occurrence.

Case 2. Woman, aged 35 years; operation performed at the St. Joseph's Hospital for intestinal fistulae. Time of operation, one and one-half hours. No pain, no nausea, and the patient slept for twelve hours. Dr. Douglas assisted.

Case 3. Operation on man 35 years old, at "Old Town" Emergency Hospital, for inguinal bubonocoele. Not a success. Patient complained of pain during operation. Not sufficient time allowed between administration of mixture and the operation. Assistant, Dr. Sargentovitch.

Case 4. Man, 38 years old. Operation performed at the Fanny Paddock Hospital, for radical cure of hydrocele and for necrosis of fibula. Perfect result, no pain, no nausea, and the patient slept for ten hours after the operation. Assistant, Dr. W. M. Karschner.

Case 5. Woman, aged 35 years. Operation for vaginal hysterectomy in a case of dumb-bell uterine fibroids. Chloroform had to be administered in this case. Assistant, Dr. Wm. Douglas. This was a very nervous patient. Possibly an additional dose of the mixture and a longer wait for its effect to manifest itself would have made the volatile anesthetic unnecessary.

Case 6. Woman; operation for curettage and trachelorrhaphy. Operation done at the patient's home. No pain, no nausea, and the patient slept for hours afterward. Assistant Dr. Douglas and Miss Connor, the nurse, in attendance. The patient was removed from her bed unconscious, taken to the operating-room, improvised for the occasion, operated upon, and returned to her bed, still unconscious, and she remained in this sleeping condition for several hours after the operation.

Permit me to anticipate a question which will probably be put to me: "Why have you used this mixture so seldom in your surgical work, since you commenced to use it?" My answer to the query is that more of my surgical work is done at the hospitals than at the residences of my patients. Outside operations can be more successfully performed with this mixture than in hospitals, for the present at least,

until all prejudice is overcome and every one in attendance observes the requisite amount of quietude. I believe that after the lapse of a little time we shall be able to obtain equally as perfect anesthesia with this mixture in our hospital work as outside.

\* \* \*

Dr. C. H. Kinnear opened the discussion by giving a brief review of his own experience with this mixture in a few cases.

Case 1. Mrs. S. H., 20 years old. Primipara. First stage of labor 36 hours; rigid os, pain in back unbearable. Hypodermic of hyoscine-morphine, followed by instant relief of back, gradual dilatation of os and progressive second stage. Respiration reduced from 18 to 15, pulse from 84 to 72. There was a curious mental confusion, but no consciousness of pain; uterine contractions were strong and regular. After two hours os fully dilated, head advancing very slowly; chloroformed and free delivery; slept soundly four hours; no hemorrhage.

Case 2. Mrs. B. P., aged 21; primipara; attended by midwife. Infant four weeks old. Abscess of breast; temperature 103° F. Hyoscine-morphine mixture. After an hour made free incision of breast and evacuated a large quantity of pus. Dressed wound with gauze, drainage and sterile dressing applied and kept moist with hot boric-acid solution. No pain, and slept for three hours. No mental confusion. Respiration and pulse not markedly slower.

Case 3. Mrs. G. B., aged 26. Incomplete abortion two weeks previously. When first seen she was pulseless and cyanotic from taking headache wafers to relieve pain in the head. Gave strychnine until pulse was restored. Following day temperature was 104° F. from septic decidua. Hyoscine-morphine; curetment of uterus, packing with iodoform gauze. Patient suffered slight pain and slept little; also she was somewhat confused. Pulse irregular and respiration fell from 20 to 16. Antistreptococcus serum administered, and recovery in one week.

Mrs. L. D., aged 56. On account of cardiac dilatation and anemia, chloroform was not advisable for the extraction of teeth. Hyoscine-morphine was adminis-

tered. Patient drowsy and slept some two hours when the hypodermic of this mixture was repeated. In fifteen minutes there was profound insensibility, stertorous breathing, 12 per minute. Pulse regular and reduced from 96 to 60. She was not aware that her teeth were extracted, and she was aroused to expectorate the accumulation of blood and mucus when necessary. After two hours, deep sleep in state of active mental confusion, lasting for three hours. Patient was given castor oil in coffee; vomiting followed a few times; bowels moved with saline and the patient was well the next day.

Dr. Wm. Douglas said that he had used it satisfactorily in his obstetrical practice.

Dr. Sargentovitch has used it with much satisfaction in cases of minor surgery at the Emergency Hospital.

C. E. CASE.

Tacoma, Wash.

—:o:—

We reprint this paper, which was read at a meeting of the Pierce County, Washington, Medical Society, from *The Medical Sentinel* for April. Dr. Case presents the matter just right, and does not emphasize a bit too strongly the importance of the cactin in this anesthetic combination. Send for a copy of the *Sentinel*. It is published at Portland, Oregon. Every Pacific Coast physician should read Coe's "good stuff."—ED.

#### ANOTHER NICE COMPLIMENT

The homeopathic journals certainly are good to us in these days. Note what Dr. Dale M. King, editor of *The Medical Counselor*, says in the April number of his journal:

"The courage to try to do a thing before you know how, and the patience to keep on trying after you have found out that you didn't know how, and the perseverance to renew the trial as many times as necessary until you do know how, are the three conditions of the acquisitions of physical skill, mental power, moral virtue or personal excellence."—HYDE.

"We do not know where this quotation is more applicable than to our friends of the old school who have been trying to knock out for years some therapeutic salvation. They have many good men in the ranks; men who are broad-minded, honest and sincere, and standing foremost among them we find Drs. Abbott and Waugh, of *THE AMERICAN JOURNAL OF CLINICAL MEDICINE*. We remember distinctly, a few years ago, when we were closely associated professionally and socially with a practitioner of the old school—one of the best fellows that ever lived—who said to us that he had absolutely no faith in the use of drugs, and while he used them for their moral effect, he gave nature the credit for restoring people to health. Since that time he has been using Abbott's aloids and is now one of the most enthusiastic prescribers that one would wish to meet—and he is successful. He is simply one of many of the old school who have been so instructed in the use of drugs that they get results and have faith in them. For this reason we pay our respects to *THE AMERICAN JOURNAL OF CLINICAL MEDICINE* and its editors."

—:o:—

We wouldn't be human if we didn't like that!—ED.

#### HYPODERMIC GENERAL ANESTHESIA

Miss M.—Twenty-three years of age. For seven years had been suffering with a rectal trouble situated at the sigmoid and in the transverse colon. Two hours before operating I gave an H-M-C tablet, one and one-half hours after a second, and in twenty-five minutes effected devulsion of sphincter, but as the patient started talking, the anesthetist gave a few drops of chloroform, all told about thirty or forty drops. After three hours the patient awakened conscious, not having remembered anything after the administration of the second tablet. While being carried to the table she talked, also during early part of the operation, until the chloroform, and after going to the ward she talked freely, but still she is positive she knew nothing nor

felt anything after the nurse had given the second injection. For a few hours there was a decided nausea, although not bad, but no pain in sphincter for thirty hours. Respiration 10, pulse 60, good and full.

Mr. B.—A case of intercostal rheumatism; so severe that anything except shallow breathing could ever be performed. Had been treated for two days, receiving hypodermics of morphine, also atropine sulphate, without any benefit. When I saw the patient he had been without medicine for twelve hours, saying that nothing had been any good—"Can't you do something for me? I'm sure I've 'neemoney' of the worst kind." As soon as I was sure of what I had on hand I gave H-M-C. In fifteen minutes the face flushed, eyes felt queer, could try to breathe. In twenty minutes stretched himself and was without pain. In forty-five minutes could fully expand the chest. Next day out of doors, only using a small dose of chlorodyne.

I have eight other similar cases, but they would be simply a repetition.

W. M. S.—Cardiac asthma. A violent attack eight weeks ago. Ordinary remedies usually effective in his case failed. He has had attacks once or twice a week for nine years. Gave H-M-C deep in gluteal muscle. In an hour every vestige of trouble had disappeared, face slightly cyanosed yet, but was very comfortable and breathing like an infant, so easy. Strange, he has not had a paroxysm since. Of course, the constitutional treatment has been kept up. The morbid cycle seems to have received a quietus for the present. This is the first time he has had real comfort for years. But, then, one swallow maketh not a summer. I'll be alert for another case to test the H-M-C Comp.

W. T. HARRISON.

Keene, Ont.

—:o:—

One remarkable thing about this combination is that it is not only a wonderful surgical anesthetic (and time and experience are making this more certain) but it is being found adaptable to so many other uses.

Every day we are learning more about it from enthusiastic reports like this. And, by the way, there are so many of these reports that we can use only a very small fraction of them. But let 'em come!—Ed.

#### SNAP SHOTS WITH THE NINE-VIAL CASE

I've been out into the country, Ned,  
I vow I'm almost dead.  
They filled me chuck up to the chin,  
With nasty home-made bread.

There wa'n't no alum in the bread,  
No glue was on the crust.  
I eat and eat, and eat and eat,  
Until I almost bust.

I've always got mine with me. I'm popularly supposed to have it done up in my back hair when I go in swimming. Let's size up the contents: Aconitine amorphous, gr. 1-134; hyoscyamine amorphous, gr. 1-250; calomel, gr. 1-6; digitalin, gr. 1-67; strychnine arsenate, gr. 1-134; calcium sulphide, gr. 1-6; morphine sulphate, gr. 1-12; anodyne for infants (Waugh); glonoin, gr. 1-250. I've made my best grandstand plays with it at "functions", wherefore the two classical verses with which this starts out.

By the way, I wonder why the average medical editor is such a miserable, poor judge of poetry. I've got an ode, that's been clear round the Y, from A to izzard—but never mind, our butcher's translating it into German for me, and when it comes out in the Wizen Woozen Shift, they'll all be wild for it.

You benighted brethren who live in cities must know that a society affair with *us* is an entirely different thing from the little two-penny affairs *you* have attended. There's something more to eat than thirteen different flavors of frozen aqua pura, and out under the hay ladders there's something better to drink than Jersey cider—so blamed weak it can hardly lift the cork out of the bottle. Yes, Gentlemen, there's fried chicken, chicken that never saw cold storage. You get half a chicken at a help, and it's ill-mannered not to take two helps. *I've* never been ill-mannered.

The young married set all bring their babies. I've seen eleven on one bed, all fast asleep and enjoying the function to the utmost. Right here I'd like to do a daring thing. Why, refute that assertion made by the high-class scientist that a child is not viable prior to the seventh month. I can show 'em as early as the fifth, and we raised them without an incubator, too. Just goes to show the difference between *in vivo* and *in vitro*. But this isn't the g-vial-case. Let me get back to my story.

Case 1. "Doctor, will you look at Harry?" Take your pretty little matron with you—you can't pick out Harry. Harry looks all right—but hold on a minute, it isn't often you fool mamma. Isn't he just the least bit flushed? and isn't he somewhat thick in the wind? Sure he is, Now, my choice would be calcium, iodized. But! we're prescribing from the g-vial case. Take six calomel granules (1 grain), crush them in the bottom of a heavy china cup, guess at one-third of a dram of pulverized sugar and two-thirds of a dram of corn starch, thoroughly triturate your mixture, and give Harry about a grain of it every twenty minutes. This, you will note, gives you about one-sixth grain of calomel at a dose. Credit this to Dr. Flick in *The N. Y. Medical Journal*, vintage of '91. Harry's just starting something, and he isn't far enough along to go after with aconitine.

Case 2. Mr. L. Large man, subject to attacks of cardiac asthma. Ultra-fashionable—takes three helps. Of course he springs an attack—any man would with a chicken and a half in him: Hyoscyamine, strychnine arsenate, glonoïn, one granule of each, for three doses. Give this also at twenty-minute intervals.

Case 3. Miss Mehitable R. Aetat.—well, er—hum, just ætat. Mandibulatory neuralgia: Aconitine, one granule every twenty minutes for three doses; twenty minutes after the last dose of aconitine one granule of morphine sulphate (gr. 1-12). Kind of blue-pencil "Hetty's" treatment and use it in the same manner for toothache, earache or headache.

Case 4. Jim D. Diplopia with locomotor ataxia; cause, too many trips to inspect the hay ladders. Strychnine arsenate, hyoscyamine, one granule of each; same old three doses, same old twenty minutes, only split your middles with a couple of teaspoonfuls of strong vinegar, i. e., ten minutes after the granules give vinegar, ten minutes after vinegar again granules, until you've given three of each.

If a baby gets colic, you've got anodyne for infants (Waugh). If a grown-up gets it, reinforce about a dozen of them with two granules of hyoscyamine.

Drop in some time, and I'll introduce you to the maddening whirl.

L. THOMPSON CLASON.

Urbana, O.

#### AN ATROPINE POINT

I have long wanted to write something of my experience in juggling pneumonia, croup, typhoid, etc., with the alkaloids, but so many have written on the same subjects, I thought mine would not be needed. How any physician who is fit to practise can ask, "Can pneumonia be juggled?" is a mystery to me. It makes me "tired." If they have never used the remedies, why talk about them? If not, why not?

In Wisconsin one dark night in September, 1900, I was called by a leading merchant to attend his wife two blocks away. I found a woman of forty-seven, dark, rather spare and frail, who said: "Oh, Doctor, I am so glad my husband found you at home, I can't stand it long at this rate. That large slop jar is nearly full." I had never visited the slaughter houses, but since that night I don't need to see blood any more—I have seen it! Well, I gave atropine sulphate, gr. 1-500 once in ten minutes, and at every other dose I added, aconitine amorphous, gr. 1-134. I also put a hot water bag at the feet. In two hours I went home, instructing the husband to extend the interval between the doses to twenty minutes, for two hours, then to thirty, forty, fifty minutes, and so on.

Next morning the husband appeared at the office door with a smile running clear around to the back of his neck and out into the street. He was happy and so was I when I saw that smile and heard him say as he extended his hand: "Doctor, you are the stuff! She's all right." (I was the "new man" in the place at the time.) The alkaloids had helped her directly and indirectly helped me that night. I have had several cases so nearly the same, including one in my own family, that I need not repeat.

MILES A. MOREHOUSE.

Wevertown, N. Y.

#### NUCLEIN IN LEPROSY

Several years ago I became interested in the study of leprosy and its treatment on account of meeting so many lepers in this country who came to me and said, "Doctor, have you no remedy to help me?" So I have been for over eight years looking this subject over, consulting many authors and trying nearly all the remedies prescribed for it, but without any results whatever.

In the spring of last year I was interested specially in a case of a leper who came to me and said: "Please, Doctor, try all the remedies you think are used in this disease, and if you will write and ask if there is anything for it discovered newly, I am ready to pay all expenses." After examining the patient carefully I found in that patient all the three forms of leprosy mentioned in the text-books. There was the "lepra maculosa," "lepra tuberculosa" and "lepra anethetica." So without wasting time I wrote you whether you had any remedy for it and, fortunately, you sent me the nuclein (true). I commenced using it hypodermically, as you suggested, beginning with five drops three times a week, increasing the dose one drop every time until I reached seventy drops at one injection.

The injections were made along the course of the nerves, mostly in the extremities. The patient felt no pain whatever

during the injections for about one month, but afterward they were very painful to him. I continued the injections for about five months. At the end of the second month I began to see improvement and when the five months passed the patient was very well. The number of drops at each injection was lessened and the patient still is using the remedy, although he is perfectly well.

AMIN J. YUSUF.

Marjion, Syria, Turkey.

—:O:—

This is certainly a remarkable and interesting experience. It is, of course, too much to say that nuclein promises a "cure" in cases of leprosy; that is something which has been eagerly sought by investigators too long. But, theoretically, it should prove most useful in arresting its progress; and this seems to have been the case here. We shall hope to hear the experience of others. There are many subscribers to CLINICAL MEDICINE in foreign countries, who must come constantly in contact with this dread disease. We hope some of these will take up this line of investigation and will give us the results of their work.—ED.

#### AN AUTOMOBILE EXPERIENCE

Inquiries were made some time ago concerning the utility of automobiles for doctors in country practice. I believe I am prepared, from ample experience of a kind that is convincing, to say that when buying an auto, one should be mighty circumspect and well informed on the mechanical construction of the machine and its operation, otherwise he most likely will have a burden of troubles, exasperating in nature, thrust upon him.

There are a great variety of machines on the market, all claiming superiority in this or that respect. I had studied the auto, not in a practical manner so to speak but by observation, for a period of three years. I had examined the various types of autos, had explained to me their comparative merits and had tried to familiarize myself with the multitudinous terms de-

fining their different form of construction. Then I bought a machine and started to use it. The troubles caused by the various defects in the machine, which began to crop out, tried my temper, culminating in many intemperate explosions not exactly to my credit or complimentary to the machine. To enumerate all the trouble I experienced would fill a small volume.

Now, all this was not my fault, for be it known, I am somewhat of a mechanic myself, having invented a few valuable things in my life, even in the automobile line, that had a market value, and it is by virtue of these facts that I was able to overcome all the defects in my machine. It took me just three months to study out the successful way, to rectify the manifold errors in its construction, and now it is as perfect a machine as I would wish. You understand, the vibration of a machine of this kind is intense, and this, coupled with traveling over hilly roads, not any too smooth, will continually change the vibrator of the sparker and detach the wires conducting the secondary current to the spark plugs—and any derangement of the sparking apparatus simply puts the machine out of commission. Time and again I got into the country, one mile, or four or five miles, and there was forced to abandon the machine and hire some farmer to convey me to my destination and back to town. Then subsequently I would have to go out and put the thing in shape so I could bring it to town. If there is one thing that will arouse a man's ire and put him in pugilistic mood, it is an experience of this kind. I really felt sometimes as though I would like to go after the manufacturers with a Gattling gun.

This auto business is a sort of graft, more or less. Thus, for example, one manufacturer will outfit the machine with expensive-looking cords as electric conductors. The core of these is a series of delicate copper wires in one strand, coated with white rubber, then black rubber, then some coarser material, the outer covering being of woven cloth. This, they will explain, is necessary to prevent leakage.

Now, these strands are constantly breaking from the vibration of the machine, and the way they have them attached it takes at least an hour to mend them, if not longer. They charge \$3 to \$5 per cord, which cost about 50 cents to make. What did I do? I took off the "expensive" cords, threw them away, removed the rubber cups and springs from the bottom of the sparker and threw them away, and with them the metal discs. I then bought some heavy, insulated copper wire, which cost me only a few cents, screwed the points to the spark-posts, and their distal ends to the spark-plugs. I bought some rubber tubing, large enough to slip easily over this insulated wire, and now I have conducting wires which never give me the least trouble, stand the vibration, and can be repaired in a "minute." So much for simplicity. Now the question arises, why are complicated devices being employed that are a source of continually recurring baneful experiences, when a thing can be made simply and inexpensively and absolutely durable?

Having corrected all the most annoying defects in my machine, I can now start anywhere with perfect safety and certainty of arriving at my objective point. My machine is gauged to travel from one mile an hour to thirty miles an hour, does not scare horses, and enables me to cover more roadway in one day than I could with a team in three days. It costs about a cent a mile to run, at the present price of gasoline. I climb the steepest hills with ease and always maintain perfect control over it. It is one hundred times safer than horses. The minute you have finished your trip, the feed bill stops. I can start anywhere in just one minute and go even or eight miles in fifteen to twenty minutes.

But an auto requires grooming, just like a horse. Each morning you must examine every part of your machine, see that all bolts are tight and connections perfect, that the engine is getting enough lubricating oil—not too much—and that all oiling parts are oiled, then you are ready any moment for a forced run.

In conclusion, I would earnestly advise a doctor doing much country riding, in buying an auto, to compel the manufacturer to furnish an expert for a week or two to teach him his machine. Its defects he will find by experience, and if he possesses mechanical skill, he will be able to overcome them.

J. H. LOWREY.

Neola, Ia.

#### ALWAYS WELCOME

The picture on this page is that of the home of Dr. W. A. Barnum, Danbury, Conn., and as the doctor writes, "is one of the places where THE CLINIC is always welcome." There are, we believe, many such doctor's homes, some more of which we hope we may be able to picture forth in our columns. Anything about the doctor himself—his house, his office, his wife, his family and his patients—interests us and we think will interest other readers of CLINICAL MEDICINE.



"Where THE CLINIC is always Welcome"

#### STRYCHNINE DOSAGE

Your editorial on "Strychnine Dosage" in the March number of CLINICAL MEDICINE leads me to report a case that was under my care for a number of years.

A lady of good family and regular habits became exhausted by the exacting duties of farm life and the care of a large family of children, so she went to the drugstore for a "good nerve medicine." The druggist advised her to consult a physician rather than to begin a patent-medicine habit, and she followed his advice, getting a prescription from her family physician for strychnine sulphate, gr. 1-50 per dose, which she had filled at the druggist's. The physician doubtless intended that the medicine be taken for a short time only, but the lady continued using it for eight years, taking about one-third grain per day.

duced toxic effects as promptly as in a person who was not using it. I often gave her the arsenate instead of the sulphate, and though she took the same dosage, I never observed any arsenic effects.

In regard to the question Dr. Morton asks, I should think from this case that 1-2 grain might not kill if the dosage be increased very gradually up to that amount, though it is much more than is necessary for ordinary purposes.

I do not think that the dosage of strychnine as now prescribed needs revision, but do think that the man who prescribes it should understand his drug better and then should prescribe it for the effect he wants and not according to any fixed rule.

This is the only case of the kind I have ever known, but I can see no reason why

other people could not acquire a strychnine habit as well as did this woman. Idiosyncrasy is not common. I do not think that immunity is engendered, for a very slight increase in the dosage invariably produced the characteristic toxic effect, though the patient had taken rather large doses for a number of years. Verdicts depend upon the jury, always, but if a physician should deliberately prescribe 1 grain of strychnine at a single dose, I should advise him to have his lawyer read up Lloyd's "Stringtown on the Pike" and by the suggestions he might receive he might possibly pull him out of a hard place.

J. C. BLOSSOM.

Mt. Summit, Ind.

—:o:—

This again illustrates our contention, so often repeated, that the fixed-dose idea is antiquated and unscientific. Only the other day a physician was telling us of a case where 1-250 grain of glonoïn produced violent headache, while he was not affected at all by five times that dose. The only right way to give drugs is to know what they will do, what you want to do with them, and then give them until you get the effects desired or the physiological signs of sufficiency. Same old story: "small dose, frequently repeated to effect."—Ed.

#### MILK SICKNESS—"THE TREMBLES" OR "SLOWS"

Once more reports are being received of cases of "milk-sickness." This disease, it will be remembered, was at one time not uncommon in the Western States, but for some years past North Carolina seems to have had nearly all the cases. The latest text-books either ignore the disorder entirely or dispose of the subject summarily, stating merely that the treatment should be "symptomatic." The alkaloidist will heartily endorse this method but at the same time he would fain be told just what the symptoms *are* and what remedies have been found to be most efficacious.

The pathologists have found in the blood of those dying from milk-sickness a spiril-

lum, but so far nothing definite has been stated as to its being a distinct etiologic factor. That the contagium has its origin in the soil is unquestioned and close observers state that it is probably a quick-growing fungus which has its habitat in shady places on newly cleared or (uncleared) woody tracts. It is also said that cows feeding upon grass growing under pine trees are most apt to be infected.

The animal's milk may be toxic before anything wrong is noted with the cow herself. When the disease becomes apparent, no one at all familiar with cattle would use the milk. Affected beasts are said to have the "trembles" or "slows" and should be destroyed.

Treatment of the human to be effective must be instituted early, hence the desirability of knowing the symptomatology of the disorder. In the majority of cases malaise, headache, nausea and giddiness are experienced within a day or two after ingestion of infected milk. The symptoms increase in violence and the patient vomits or retches constantly. Slight rigors may be noted and the temperature will usually be above 101°F. The bowels are obstinately constipated and the amount of urine passed is small: as a rule it is highly colored. The breath by this time is foul—a peculiar odor existing, which is said to be diagnostic. The tongue will be found tremulous and swollen to a greater or less degree and some epigastric tenderness is complained of. A full, rapid pulse exists early, but after a day or two it may be weak and thready, especially will this be the case when in other respects the clinical picture resembles that of typhoid. Then the patient will be found restless, irritable, semiconscious; later a hebeticude deepening into coma may develop. In such cases death is apt to occur on the fourth or fifth day.

Sometimes convulsions occur. In milder toxemias the patient maintains a temperature, vomits almost everything except water, grows weaker and less hopeful daily, and finally, just as the end would seem at hand, begins to retain nourishment and slowly, but surely, recovers. The absence of rose-spots, the steady low temperature, constant

vomiting, obstinate constipation and peculiar odor of breath will enable a close observer to make a diagnosis. The Widal reaction is of course negative.

The rational treatment would seem to be chiefly eliminative: antiseptic and supportive measures being added. Until the infecting agent can be recognized it is impossible to exhibit a "specific" remedy, but it is probable that calcium sulphide, echinacea and nuclein will come near to meeting the conditions. Calomel, podophyllotoxin and bilein should be given hourly for four to six hours and the alimentary tract then flushed thoroughly by exhibition of a saline. The lower bowel (and stomach for that matter) might well be washed out with some alkaline antiseptic solution. An effective dose of pilocarpine should be given and the patient placed in the wet-pack, where he may sweat for an hour or more. Draughts of water containing ten drops of sulphuric acid (aromatic) to the glass should be given frequently. Calcium sulphide gr. 1-3 and echinacea gr. 1-2 might be alternated every hour or two for twenty-four hours, and either arbutin or barosmin in half-grain doses every four hours will insure renal activity. Cactin, gr. 1-67, and strychnine arsenate, gr. 2-67, will suffice to support cardiac action should depression be pronounced, and nuclein, twenty drops twice daily, subcutaneously, will markedly increase phagocytosis.

These measures have in part been carried out in several cases, and when instituted as a whole would, we believe, prove generally effective. However, among the readers of *CLINICAL MEDICINE* there must be some who have successfully treated "milk-disease," and it is their views that we want. Moreover, a succinct but thorough description of the symptoms presenting would be of value. So also would information as to the sequelæ, convalescent period and possibility of recurrence. One reporter states that the two patients out of seven affected who recovered were seized with precisely the same symptoms at exactly the same period one year later. One of them had a comparatively mild attack and recovered again but the other died on the fourth day.

We certainly need not only definite information as to the cause and course of milk-disease but some "positive" knowledge regarding the remedies which best control the conditions known to be present.

GEO. H. CANDLER.

Chicago, Ill.

#### A PRINCELY COMPLIMENT

A physician of Chicago finding himself seriously ill and not improving under old lines of treatment decided to call in consultation an alkaloidal practitioner. Slowly but surely he began to improve and the physician first attending him frankly acknowledged that the new treatment was infinitely superior to his and dropped out. Anxious friends made some inquiries as to the alkaloidal method and a physician in whom they placed confidence gave them the information "that every modern educated physician who is not a bigot or a fool is more or less an alkaloidist, provided he has once had his attention called to the method. It is the method of medication of the future."

Still another physician expressed himself thus: "Any patient under the charge of one of the men from alkaloidal headquarters will get more scientific treatment and have a better chance for recovery than he would were he a prince treated by the best men of the old school."

As the patient is now sitting up it would seem that these gentlemen knew what they were talking about.

#### CINERARIA MARITIMA IN OPACITY OF THE CORNEA

In this note I wish to speak of a remedy which, while not by any means unknown, is not very generally known; and especially of the use of it in a disorder in which, so far as I know, it has not been used except by myself.

Some years ago I learned that *succus cinerariae maritimae* had some reputation in the cure of cataract. One night I was called to see a patient some blocks away and rang for a hack. The young man who drove

happened to be a former patient of mine. As we drove along he kept getting the vehicle into the gutter. I called and asked him why he did not stay on the street. He replied by saying that he could not see the street. It was a bright, starlight night and I could easily see. He then told me that for some time he had not been able to see the road. Soon after, this man came to my office to learn what might be the trouble with his eyes. After a careful examination I pronounced it double incipient cataract, but not being certain, called in an eye-man who confirmed the diagnosis. Three months' treatment with cineraria cured the man. This was about five years ago. I see him frequently and the eyes have been perfect ever since.

Soon after this incident I met a lady who twenty-five years before had met with an accident which resulted in opacity of the cornea. The opacity covered all the cornea except a little of the upper portion. Through the transparent part she could see light, otherwise the eye was useless. The opacity was two or three times thicker than normal and rough on the outer surface; was of an ugly yellow color. After examining the eye carefully and finding that, with the exception of this imperfection, the eye was normal, it occurred to me that if cineraria was able to absorb a cataract, it might also be able to do the same in opacity of a cornea. It was used for about three or four months by dropping two drops in the eye twice daily, just as for cataract. The result was the restoration of the eye nearly to the normal, when she discontinued its use.

About a year later I saw a little girl, aged about eight years, who had some months before suffered from smallpox. The disease left a complete opacity of one cornea. The same treatment was used, and a speedy and complete cure resulted.

So far as I know opacity of the cornea has always been considered beyond medical or surgical help. I know that calomel has been dusted into the eye, and massage used in recent cases, but in the main the disease has usually gone without treatment, and such eyes have been looked upon as useless. They are also unsightly deformities.

Two cases are not enough to establish a reputation for any remedy. I merely lay the information before the profession, hoping that a more extended use may prove that opacity of the cornea is susceptible to cure by the use of cineraria.

V. E. LAWRENCE.

Ottawa, Kan.

—:0:—

Cineraria maritima is an old remedy, which for twenty years or more has repeatedly bobbed up as a cure for cataract, only to be submerged again. It certainly has cured some cases; in many more it has just as certainly failed.—ED.

#### A CLINIC AT THE RAVENSWOOD HOSPITAL

The accompanying illustration shows a clinic held at the Ravenswood Hospital by Dr. Emory Lanphear of St. Louis. Some very interesting cases were operated upon, among them one of double hernia and one of amputation of the thigh. The results were fine in all cases, in every one of which the H-M-C anesthetic was used with excellent success. In no case was more than a dram of chloroform required to complete the anesthesia, even in the most severe major cases—and then hardly was required, since there was no sense of pain and no memory of the operation when the patient finally recovered from the post-operative sleep. The usual unpleasant after-results were entirely absent.

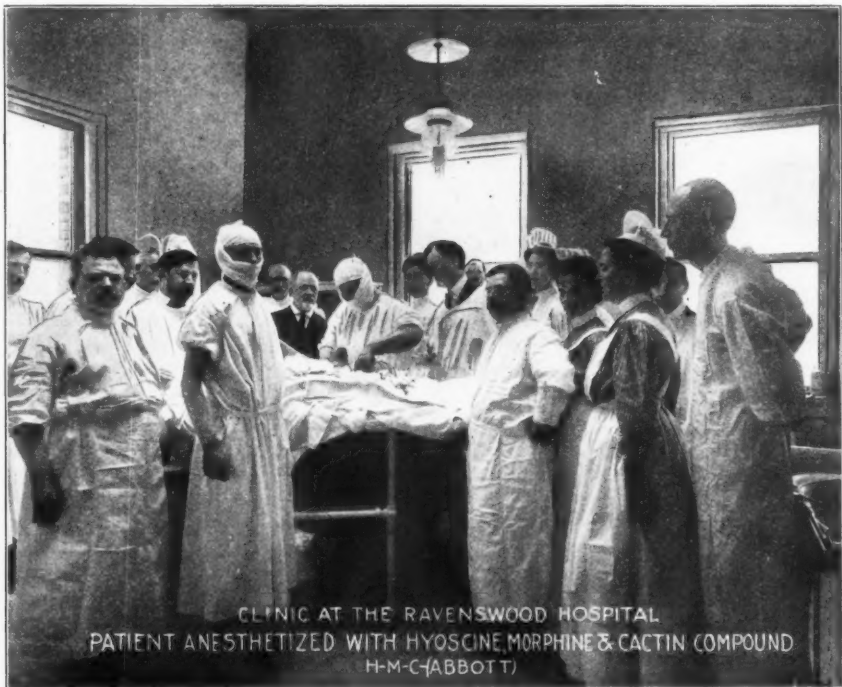
Among those present at the clinic, only a part of whom are shown in the picture, were Dr. A. J. Ochsner, Dr. Jacob Frank, Dr. George F. Butler, Dr. John D. Robertson, Dr. L. L. Gregory, Dr. J. P. Houston, Dr. G. W. Green and Drs. Waugh, Abbott, Burdick, Candler and Clay of Chicago. Dr. Kretzer of Danville, lately returned from the Philippines, assisted Dr. Lanphear.

This is the first demonstration of the H-M-C in the fine new Ravenswood Hospital, just finished, and which is one of the most modern and in every way the equal in appointment of any institution of the kind in the city, thanks to the energy and hard

work of Drs. Green and Bussy, who have done so much to secure its erection. Gentlemen, our compliments! You certainly have a splendid little general hospital and we are proud to have it in Ravenswood.

We are planning to have other demonstrations of a similar character. The next will be a gynecological clinic. And say! The way the profession is "cottoning" to the

and about an hour later took four drams of syrup of rhubarb comp. At 8 o'clock I had breakfast. At 9:10 a. m. I began to feel chilly and head-symptoms became worse. My tutelage in the CLINIC "Family" has resulted in my being able to abort a cold every time on myself, though not always so successful with my patients; but today I had the spirit of inquiry, and as I



CLINIC AT THE RAVENSWOOD HOSPITAL  
PATIENT ANESTHETIZED WITH HYOSCINE, MORPHINE & CACTIN COMPOUND  
H-M-C (ABBOTT)

#### A NICE H-M-C DEMONSTRATION

H-M-C is simply wonderful. The men who are using it express an enthusiasm concerning it which is almost beyond belief. Those who have seen one of these tests can understand why.

#### A NICE DEMONSTRATION

I awoke March 27, feeling as if an acute coryza was upon me, head full and inclined to ache, one nostril closed and the other feeling clogged. I took a dose of calomel, as I had done at about 4 o'clock a. m.,

had just purchased the H-M-C anesthetic, I decided to see its effect on myself: At 9:10 o'clock a. m. the respiration was 18, pulse 72; 10:10 a. m., respiration 9, pulse 78; 10:20 a. m., respiration 7, pulse 70; 10:40 a. m., respiration 4 to 6, pulse 60; 10:50 a. m., respiration 2 to 4, pulse 60; 11:15 a. m., respiration 4 to 6, pulse 64; 11:30 a. m., respiration 14, pulse 72.

After 10 o'clock my head began to feel easier. I fixed my operating table in a half-reclining position and read during the time named. I had no feeling other

than that of perfect well-being, and at twelve I took another one-half tablet, after taking two drams of magnesium sulphate. From 10:30 to 10:50 a. m. I found I could do very well on two respiratory cycles per minute and for ten minutes I practised taking but one, that is, one long forced inspiration, such as one takes in respiratory exercises, twenty seconds inhaling, twenty seconds holding, ten seconds exhaling and ten rest. I felt no inconvenience from this and believe I could have continued it thirty minutes. After 12 o'clock I took the other one-half tablet. The next morning my cold was gone.

San Francisco, Cal.

—:—

This is an extremely interesting demonstration of the action of the remedy upon pulse and respiration. It bears out our statement, that the slowing of respiration is by no means a dangerous symptom—though that is, of course, no reason why the remedy should be given recklessly any more than any other remedy. It will be noted that the pulse was slowed with the respiratory cycle. And it cured the cold!—  
ED.

#### AN INTRACTABLE CASE OF COLITIS

In many sections of the country where malaria is prevalent, or from improper diet and bad hygienic surroundings, the general practitioner occasionally meets an intractable case of colitis.

This condition was frequently met following the cessation of hostilities incident to the civil war and more recently among the returning troops from the Philippine Islands. This I have observed in a large majority of applicants for pensions appearing before the examining board during the last five or six years.

Some authors go so far as to state that in this condition no benefit can be derived from remedies administered by the mouth and that topical applications should be made to the mucous membrane of the colon by enemata, while the general nervous system

should receive appropriate treatment. There is also another causative factor, neurasthenia, four out of five cases being females. The sequelæ in nearly all cases are emaciation, anemia, derangement of digestion, tenderness over the abdomen extending to the hepatic and epigastric regions, urine sp. gr. 1.022 to 1.030, phosphatic deposit, with an occasional cystitis.

Having become an ardent advocate of alkaloidal medication, permit me to cite a case so treated as an illustration, which is not an isolated one at that.

On October 10, 1906, Mr. I. C., age 36, a Spanish-war veteran residing in southern Washington, consulted me regarding a disability which had existed since his discharge from the service.

He gave a hospital record while at Manila of chronic diarrhea. There was no evidence of venereal disease or vicious habits. Family history good. Normal weight, 152 pounds; present weight, 127 pounds.

Upon reaching San Francisco, he was treated at the regimental hospital, the principal treatment being diet and colonic irrigation with a solution of silver nitrate. Being somewhat improved, he was discharged and mustered out of service. During the last three years he has been under the treatment of three or four physicians, with little benefit.

Upon consulting me October 10, I found him very much emaciated; weight 127 pounds; mucous membranes and skin pale; sclera pigmented; tendon reflexes diminished; subcutaneous tissue relaxed; temperature 98° F.; pulse 85 per minute, with one intermittence; tongue broad, tremulous, slightly coated, not fissured; marked tenderness over the right hypochondriac, epigastric and umbilical regions, also in the perineum; urine, sp. gr. 1.025, with heavy deposit of phosphates upon cooling and standing; no albumin or sugar; appetite poor; stools six to eight per twenty-four hours, more frequent at night, with tenesmus, containing mucus and traces of blood; moderate degree of cystitis.

Believing that I could permanently relieve the patient, I so stated, and promised

to increase his weight ten pounds in the following two weeks.

The treatment which I instituted was as follows: (1) Hygienically regulated diet; (2) colonic flushing once daily with a solution of betanaphthol, 12 grains to the pint of warm water; (3) triple sulphocarbolates of zinc, lime and soda, 5 grains once in two hours, later once in six hours until discontinued. Antidyspeptic tablets, to improve the digestion, and arbutin, gr. 1-6 as indicated, until the cystic trouble was relieved.

The following ten days the temperature rose to 99.5°F. Pulse 85 to 95.

Believing the body-weight to be a fair indication of the general health, I weighed the patient, upon making each office visit, with his uniform clothing.

By October 24 there was a marked improvement in the general symptoms. Temperature normal; pulse 75; weight 142 pounds; stools two to three per twenty-four hours, occasional mucus; no cystitis; fair appetite.

The sulphocarbolates and arbutin were discontinued and the triple arsenates with nuclein and sanguiferin substituted.

From this time on the improvement was continuous. Daily walks, irrespective of the condition of the weather of from two to four miles. January 24 his weight is 166 pounds, he eats all articles of diet, and medicine is discontinued. At present writing (February 16) the patient is performing manual labor; muscles firm, good color, and the picture of health. I feel confident that the improvement is permanent.

The tendency of all such cases, if allowed to be continued, is to become chronic, with little hope of benefit from treatment.

The treatment of the above-mentioned case is but a general outline. In some cases I find it advisable to use a combination of cotoin, codeine, hydrastine, and copper arsenite until the number of stools is reduced.

But the point I wish to make is that the physician will be better pleased and the patient appreciate the alkaloidal medication, as opposed to the old crude, unreliable

preparations. Each case may require its particular modification, but the above suggestions will meet the demands of each and every one.

J. C. TWITCHELL.

Portland, Ore.

#### TYPHOID FEVER WITH A STRING TO IT: TRICHINA

At 6:30 p. m., Oct. 16, last, I received a telephone call to visit in haste a Mrs. H., some three miles in the country. While hurrying through supper I was informed that Mrs. H. had been complaining of being ill for two or three weeks.

Arriving at the home of the patient I found a German family, consisting of husband, wife, and an adopted son, some 16 years old but quite small for his age and in all a very delicate-looking boy. Having divested myself of my overcoat and washed my hands in warm water, the night being chilly, I was ushered into a small bedroom, poorly ventilated, where the patient lay supine on her back; and I confess I was greatly astonished at her emaciated condition. There was a bright flush on both cheeks which were greatly sunken. A cadaverous odor filled the room, while the patient's breath was extremely offensive. Questioning the husband, I got the following history:

The patient had been ailing for two or three weeks, had had nosebleed, headache, pain in the limbs, chilly sensations; the bowels had been constipated for six days, there was great thirst, she was unable to sleep during several nights, and she had no appetite.

Examination: Waving *ali nasi*. Substus tendinum. Sordes on the teeth. Tongue tremulous and protruded with difficulty; dry, cracked and glazed; tip and edges red. Speech slow and hesitating. Abdomen tympanitic; gurgling in right iliac fossa. Feet and legs cold, nothing but bones and skin left, apparently. A number of minute vesicles, looking like drops of sweat on neck and chest. Temperature, 102°F. Pulse 116, weak. The patient had vomited some.

The sanitary surroundings were bad. The husband informed me that during the summer, with a long pole, he had dragged several decayed rabbits from under the kitchen floor, which was only four or five inches from the ground.

The house being on a slope, the water during heavy rains would run under the floor. There were large holes in the kitchen floor through which stench issued that almost drove the family from the rooms.

Diagnosis: Typhoid fever at close of second or beginning of third week. I dispensed calomel, 1-10 grain, podophyllin, 1-6 grain, of each ten granules, one of each to be given every half hour, and followed by a tablespoonful of castor oil; then the intestinal antiseptic, one tablet every hour. If the bowels moved before my return, I directed to save the discharges for examination at my next visit.

I visited the patient at 9 a. m. of the 17th. The bowels had moved three times. Discharge, light-ochre in color, thin and frothy, with some hard scybala; characteristic typhoid smell. Pulse, 114; temperature, 100°F. Realizing the serious condition of the patient I asked for council. The council arrived at 11:30 a. m. Going over the case carefully, he announced the symptoms as being strongly typhoid. Prognosis guarded. The following treatment was agreed upon:

Clean out, clean up, and keep clean. Supportive treatment of digitalin, nuclein, strychnine arsenate. Diet: essence of beef, egg albumen, and fresh buttermilk which the patient said she wanted. A trained nurse was suggested, and I was requested to get one, but she did not arrive till the evening of the 18th. In the meantime some kindly disposed neighboring women had called to see the patient and told the family the nurse would be a useless expense, thereby sowing seeds of discontent.

On the morning of the 18th the pulse was 108, the temperature 100°F. Tongue moist and clean. No jerking and twitching. Patient cheerful and taking fresh meat juice and buttermilk. Discharges from

the bowels less offensive. The nurse gave an injection of one ounce of pulverized alum in a quart of warm water which brought away a large quantity of gas. Hyoscine was to be administered to secure sleep. The patient slept five hours. On the 19th at 6 a. m. the pulse was 100, the temperature 99°F.; at 6 p. m. the pulse was 100 and the temperature 98°F. On the 20th at 7 a. m. the pulse was 94, the temperature 98°F.; at 3 p. m., pulse 98 and temperature 98°F. No odor to bowel discharges. I discontinued the intestinal antiseptics and administered ten drops of tincture of echinacea every two hours. The patient vomited some during the night of the 20th. The 21st the pulse was 98, temperature normal. The patient took plenty of nourishment. The discharges from the bowels much thicker. The nurse informed me that the husband and patient said they would dispense with her services the next day on account of expense. The 22nd, pulse 98, temperature 98.6°F.

The patient said that she would be up and doing her work in three or four days and that the husband could cook and nurse till that time. The nurse informed me she had difficulty in getting her pay, although they had nearly \$400.00 in the house. I took the husband to one side and told him if they had discharged the nurse on account of expense, I must have part of the bill due me. He interviewed his wife and after considerable jangling they said they would settle part of the bill and get through without a doctor or nurse. I took the nurse to the railroad and I was out of the case.

I will now go back to the morning of the 19th. The nurse, on that morning, was directed to a meat barrel in a small room adjoining the kitchen to secure meat for breakfast of the husband and son. When she lifted the cover from the barrel of meat the stench drove her from the shed. On my arrival I was requested by the nurse to inspect the meat. One or two good "smells" and I was convinced the meat was totally unfit for human consumption. I directed the husband to remove the meat

and dispose of it by burying it. In the evening he informed me that he had removed the barrel and contents to an out-cave, cut off the outside of the meat, re-salted and put it back into the same barrel, stating that "when his wife got well, the family could use the meat," although I had warned him of its putrid condition.

A few days before the patient had been taken to her bed she had assisted in butchering a large hog, although a near neighbor-woman had advised her against helping with that work, as she, the patient, was already sick, and told her to consult a doctor. The family made sausage and put it in casings and hung it up to dry. On Wednesday, the 30th, I heard that another doctor had been called and pronounced it catarrhal inflammation of the bowels; that Mrs. H's. throat was sore, also that the husband was down with some disease.

For nearly a week the family were left to their own resources in nursing and cooking. The attending physician, I understand, had some of the meat examined microscopically and found *trichina spiralis*.

On December 3 the family was put aboard a train and taken to a nearby hospital where Mrs. H. died on the 5th. A specimen of muscle from her showed the *trichina*. The husband died in the hospital on December 10. The young boy was sick a few days, but fully recovered and soon left the hospital and went to the cornfield to work.

I hear from a relative of the family that after the nurse left, Mrs. H. was given of the uncooked sausage to eat. A gentleman, whose wife was with the family two or three days of the week, before the family was removed to hospital, says that he saw the young boy eat a piece of the raw sausage, fully six inches in length, and yet the boy lives.

In Mrs. H's case: Great tympanites; gurgling in the right iliac fossa; no profuse perspiration; no swelling of feet and legs; no puffing of lower eyelids; not more soreness of limbs than commonly found in typhoid generally; no delirium while under the writer's observation. Mrs. H. com-

plained of being unwell for about three weeks before she took to her bed. The hog was butchered about one week before she was confined to her bed. She was ill in all about six weeks.

I learned from the hospital attendant of Mr. H. that his abdomen was retracted; no gurgling in the right iliac fossa. There was profuse perspiration; great swelling of feet and legs; delirium; lower eye lids puffed, plainly noticeable after death; skin yellow; purple spots on insides of the thighs. Mr. H. began complaining about October 26 and died on November 10. The boy complained October 30. Was convalescing by November 8.

Several families in the neighborhood partook of meat from same porker, but as it was cooked before eating, no sickness followed. Had Mrs. H. not been ailing prior to the butchering I should believe that *trichina* poisoning was the cause of her sickness.

A. L. STIERS.

Leshara, Nebr.

—:O:—

Trichinosis there was without doubt, but whether implanted on typhoid, we cannot say. But the doctor makes out a good case. Pity there wasn't a Widal.—ED.

#### TYPHOID FEVER

A significant discussion of the treatment of typhoid fever occurred at the recent meeting of the British Medical Association. At last there are two sides visible instead of the dead level of pessimistic unanimity.

Dr. Thistle, a prominent physician of Toronto, boldly stated his belief that purgatives were the most important part of the treatment, removing the toxic matter from contact with intestinal ulcers, and diminishing the number of bacilli there congregated. After 15 years' use of purgatives he found his mortality had been lower than that of his colleagues. He gave small initial doses of calomel, followed by magnesium sulphate, and after this kept the bowels freely open. It will be noted that he said nothing of the prevention of auto-

toxemia or of the subsequent use of intestinal antiseptics. But even though he took but the first step, and had not realized the far-reaching consequences of the bacterial processes carried on in the bowel during this fever, he had obtained from this preliminary step better results than others were getting from the old methods.

One of these, Dr. Calwill, considered purgation dangerous, and illustrated his views by a curious but characteristic misconception of symptoms. He found that his constipated patients showed a mortality of only 8 per cent, while those suffering with diarrhea died at the rate of 18 per cent. Reasoning from effect to cause, it did not seem to occur to him that the cause of the diarrhea was a cause of mortality and the presence of this symptom an indication of irritative conditions in the bowels that did not exist in the constipated patients. Usually we consider irritation as evidence of the existence of an irritant and an indication for its removal to restore the quiet that indicates physiologic equilibrium. He saw in diarrhea only a bad prognosis.

McCrae followed with another illustration of illogic thinking and jumping at unwarranted conclusions from a single premise. He considered typhoid a general disease, due to the presence of the specific bacilli in the blood and the intestinal malady as a not essential secondary result of the hematic operations of these intruders. Of the mechanism by which the bacilli in the blood localized their action in Peyer's patches he said not a word; nor did he explain why their activity was not manifested in lesions of the delicate walls of the heart and blood-vessels; nor why these effects are not evident during the months and possibly years during which the bacilli are present in the body after cure. To him the presence of infected, putrefying masses in the bowels in contact with open ulcers, with absorption into the blood from the reversed osmosis always present in fevers, evidently means nothing. Even in pneumonia he found purgation harmful, regardless of the admitted gravity of cases

characterized by gastrointestinal irritation.

Osler has much for which to answer.

Neilson stated a case in which, for intestinal hemorrhage, he locked up the bowels for ten days, with recovery—which meant what? McPhedran also strongly opposed the purgative and antiseptic treatment.

Barker unintentionally confirmed the views of those who look on the presence of bacilli in the blood as of no practical consequence, by telling how they exist in the body for months after an attack without doing any apparent harm.

Hamilton stoutly held to his belief, despite the pressure, declaring that some patients required purgatives and some antiseptics. It is a pity he did not go on and demonstrate his point that cases should be differentiated, and treatment instituted according to the pathologic conditions they present individually, instead of being huddled together under the name of the disease and treated on the Procrustean plan.

Autotoxemia (and intestinal antiseptics) will not down. Just as it had been formally executed and buried forever, it arises with renewed vigor and a vitality that defies all the power of "authority" to extinguish it. No real clinician can open his eyes to look for evidences of it without seeing them, nor can he give an intelligently directed trial to these agents without being impressed with their efficacy. It is a losing fight that is waged by their opponents, since they have nothing to oppose successfully to the arguments of the advocates of antiseptics, except the injunction to ignore it because some great man says so. Against the opposing admonition to "try for yourself" the appeal to authority is but a sword of lath.

W. C. ABBOTT.

Chicago, Ill.

—:O:—

Reprinted from *American Medicine*, March, 1907.

#### A "KICK"—JUST A LITTLE ONE

Some time ago I read in *CLINICAL MEDICINE*, "Don't be a sponge, etc." I am afraid I merit such a charge to some extent,

not having written anything but twice for *CLINICAL MEDICINE* in the eleven years I have absorbed from it. It seems so easy to convince myself that by silence I am showing proper respect to my superiors in experience and ability to describe it. Now, however, the editor says, "If you can't write anything else, kick." I dislike to admit that I am so near dead that I can't even kick—so here goes.

THE AMERICAN JOURNAL OF CLINICAL MEDICINE has been very helpful to me in one way because of its practical nature. Instead of long articles that sail off into the mists of technical verbosity about some very rare and peculiar disease or operation, it deals with just what most of us are concerned about, namely, just ordinary sick people, and how to cure them. No journal can keep entirely free, of course, from these impracticable suggestions as they are sometimes found in otherwise splendid articles. Take for example Dr. Candler's article on bronchitis. Not in one in a hundred cases could Dr. Candler's treatment be carried out. In a wealthy home, the patient's time not worth much, and trained nurses on call, it would be all right. The ordinary worker can't afford such luxuries, and those who can, won't tolerate so much "fuss" except in the rare and severe cases.

What do I do? A little aconitine or defervescent compound with emetine, calceidin, potassium bichromate, heroin (with a little tonic to weaker ones)—any combination of the above, as indicated in each case, with a little calomel to start with, and the child is at play or school, or the man is back to work, in two or three days.

The same objections to Dr. Ferguson's treatment of carbuncles. He advises, when this occurs on the lip, three nurses in attendance! Nine or ten dollars a day for one carbuncle! Not one in a hundred will submit to any very radical operation, and the vast majority come to the office for treatment and get well under local cleansing, opening and stimulating dressings, such as balsam of Peru, with calcium sulphide and tonics internally. So much for the "Kicks."

Now I want to commenç, in the highest terms, Dr. Birchmore's articles on neurasthenia. Where is the text-book that does as well?

A victory for aconitine! Two severe cases of occipital neuralgia, where dozens of other remedies had failed. The first use was in a fit of desperation, when different physicians, including myself, were unable to give relief from the most severe neuralgic pain I ever saw. Anodynes had but little effect. Remembering the numbing effect of aconitine, I gave it till I could think what else to do, and complete relief resulted in this and subsequent attacks, which became less severe and less frequent.

In barber's itch a mixture of salicylic acid and glycerin, creamy consistence, succeeded where other remedies failed. Daily depilation, shaving and cleansing as adjuvants.

There! Not much of a paper, but I feel better for having made a try.

S. H. RABUCK.

Gloversville, N. Y.

—:o:—

Perhaps "not much" as regards quantity—but good. We like these short articles which go quickly to the point, and have a point (or several) to go to.

Read Dr. Candler's article again, Doctor. We think that you will find that it is not so impracticable after all—in fact, that it is full of most helpful suggestions that when put into practice will "work out" to your satisfaction. Dr. Ferguson is one of those fortunate men who do not have to count the cost, and whose patients can afford to go after ideal results in the way which more nearly approaches the ideal. Of course the average doctor will have to use the means at his disposal.—Ed.

#### A COUNTRY REST CURE

Dr. Ralston, rising slowly from his office chair, stretched his long arms high above his head and gave himself up to the full enjoyment of the yawn, that a few moments' leisure enabled him to indulge in.

A glance at his watch showed that it lacked only ten minutes of his closing hour.

He congratulated himself that he was through a little earlier than usual and might actually take time to stretch the ache out of his gaunt frame without an annoying sense of hurry.

These pleasant thoughts were interrupted by the office girl ushering in a neurasthenic patient who had been under his care several months. He stifled a groan as his vision of a few moments' rest vanished into thin air.

The patient before him was one of the most trying subjects of a trying disease. Before he was fairly seated he commenced.

"So you really advise the rest cure? You think it will do me just as much good to take it in the country ten miles from a railroad?"

"The very place," said the doctor with a knowing wink at the reflection of himself in the mirror opposite. "How far did you say it is from here; forty miles? Good! Now for directions:

"I want you to bathe daily upon rising. Sleep ten hours a day. (Sixteen hours wouldn't hurt you.) Eat plenty of eggs, oysters and fresh fruit. Drink all the fresh milk you can hold and don't forget to exercise. Ride horseback, row, play tennis, golf and cricket. You'll come back feeling like you're fifteen again."

"How long will it take, Doctor?" asked the restless Mr. Short.

"That depends upon how strictly you follow directions," was the doctor's evasive answer.

"You think the trip wont be too hard on me?"

"No indeed," the doctor hastened to assure him, and with another wink at his reflection, he continued, "The sooner you get off the better for you—and," he added mentally, "for me."

After the departure of his patient the gray-haired physician sighed softly: "Poor anemic Short! If I don't get him off for that rest cure *soon*, I'll be in need of it myself. I think when I hear he's coming back, I shall run away for a few weeks' rest."

On the morning of the fourth day after Short's departure for the country Dr.

Ralston was chagrined to see the office girl usher in his neurasthenic patient whom he thought safely disposed of.

"Good Morning, Short. Thought you were fifty miles in the country taking the rest cure. I tell you, you better get off as quickly as you can."

"Rest, Doctor? You don't mean to say you call that rest? I've been and I can tell you that I could rest better on Wall street during a panic of Bulls and Bears than I could out there. No stream—no tennis—no golf links—no screens on the windows—in fact nothing but flies, bugs, heat and other annoyances.

"The night of my arrival I asked my landlady kindly to have the bath prepared for me next morning, as my physician had ordered a plunge each day. She seemed to object to a doctor she had never seen presuming to order anything in her house, but finally consented. When I saw the bath I thought I would have one of those weak spells. What do you suppose she expected me to bathe this six feet of anatomy in? A common wash tub and small size at that. I thought she had misunderstood, and after getting her to the door by pounding on it, I expostulated with her but to no avail. She simply didn't know what I meant, and walked off and left me—and the tub. I followed your directions as best I could, Doctor, under the circumstances."

The old doctor was shaking his chair. "Go on," he shouted, "it's rich."

"It seems funny now, but, I tell you, Doctor, it was tragic at the time. I sat on the edge of the tub to bathe my feet and all but stood on my head to get the water on my back. Once I slipped and found it necessary to go through more stunts than a professional contortionist to regain my equilibrium without breaking an arm, a leg—or a neck.

"I lived through the day in some fashion. I was too tired from the bath to be annoyed by anything else—but that night! Shall I ever forget the horrors of that first night?

"A hoot-owl perched himself on a tree by my window, and if anybody ever tried

to use his mental faculties to deceive his ear and convince the material man that it was a nightingale, that man sits before you. Between the bugs, the owl and the rank odor of the coal oil lamp I was a fit subject for suicide.

"I was still in the world in the morning and persuaded myself if I could stand it one week I could tell by that time whether the rest (?) cure would benefit me.

"I can't remember how I spent the morning—except that I was miserable.

"As for the bill-of-fare, I ate pork—fried in pork grease—baked beans, stewed cherries, and drank lots of milk for dinner. At supper I asked for oysters, as you told me, oranges and fresh eggs. My landlady informed me that they sold all their eggs at the nearest town, and didn't believe in eating oysters; it was a sin to eat animals boiled alive! I saw she was thinking of lobster, but knew it would be useless to explain her mistake to her. She ended by asking if I was an ipecac?"

"What do you mean?" I asked."

"Why!" she returned, 'a person who's so all-fired particular about his victuals is called an ipecac.'"

"Oh!" I exclaimed, relieved that it was no worse, 'you mean an epicure,' and I smiled in spite of myself."

"No," she contended, 'I mean just plain ipecac.'"

"I stood it two days longer. Laugh, Doctor, if you want to. I suppose it seems funny to you, but it was tragic to me.

"The third night I decided if morning ever did come again, I would leave the place. I started before daylight on my ten-mile walk to the nearest station, leaving my baggage to follow.

"I stole out like a thief before it was light and was just heaving a sigh of relief that I had gotten safely outside the gate, when I plunged into an ash heap almost to my waist. Each step I took trying to extricate myself proved more disastrous, so I waded clear through the thing. I had just accomplished this feat when, to cap the climax, I tripped and fell right back into it again.

"Don't ask me what I said. I hope my recording angel was asleep," and the neurasthenic patient joined the doctor in the heartiest laugh he had enjoyed for years.

"Yes, Doctor, advise suicide if you must, but never a country rest cure."

"You're cured! you're cured!" cried the old doctor. "That's the first laugh I ever heard you give. Whenever you feel that you need me just take a day off and visit that same old place."

NANCY H. BUSKETT.

Rolla, Mo.

#### A WORD OF EXPLANATION

In a recent number of CLINICAL MEDICINE, in the "Business Opportunities" column, there appeared an advertisement of a "Dr. Browning" of Sioux City, who offered for sale an advertising practice. The order came to our advertising department, accompanied by cash for payment. Now it develops that there is only one Dr. Browning to be found in Sioux City, Dr. George S. Browning, and he certainly is not the man who inserted this advertisement. The other Browning is not to be found. The result is that Dr. George S. Browning has suffered serious inconvenience, a number of his acquaintances jumping to the conclusion that he must be the man advertising, and that he was offering an "advertising practice" for sale. We wish to make it clear that Dr. George S. Browning is not responsible for this advertisement and had nothing at all to do with it. We know him personally and know that he is not an unethical "advertiser," but a square man and a clean, ethical practitioner.

#### AMMONIUM BROMIDE AS A REMEDY FOR NITROGLYCERIN HEADACHE

The following from a lay correspondent contains a suggestion which may be worth noting:

"Allow me to say that it is a well-known fact that all over the western coast in the mining regions many miners handling nitroglycerin powder (explosives) suffer severely

with headaches, sometimes accompanied with other disagreeable symptoms. While I am not a practising physician I know that there have been many inquiries among the profession for a preventive and cure. In my own case, I, being very susceptible to the influence of those powders, suffer daily by handling or from breathing the gases after an explosion. I discovered that ammonium bromide is a certain remedy.

I dissolve fifteen or twenty grains in sufficient water to fill a four-ounce bottle. Am not exact as to strength. I take a common teaspoonful three times a day in a small glass of water, even using the remedy in the mine. While it has not been used upon others, my own case was that of a person very susceptible to headaches from the fumes. Its use absolutely prevented anyaches when faithfully taken. There is constant inquiry among physicians in the mines for something better than the usual drugstore treatment. This bromide seems to have been neglected or overlooked for the above trouble.

HENRY D. EMERSON.

Jackson, Cal.

—:O:—

Physicians testing ammonium bromide in "powder headaches" will confer a favor by reporting results.—E.D.

#### A SANITARIUM EXPERIENCE

In complying with your request made on page 666 of May, 1907, of CLINICAL MEDICINE, I submit the following:

I have owned and operated a private sanitarium for more than twenty years. My present building is a new, three-story, pressed-brick structure, with double halls on each floor. This method of construction is well adapted for sanatorium purposes, for the reason that noises are not transmitted throughout the house, and better provision is made for the isolation of patients, where this is desirable. Hot water, open-fire heating, gas and electric lighting, are provided. The equipment consists of baths (including

shower and needle), all forms of electricity, vibrator, therapeutic lamps, and hot-air appliances. The single remedy in alkaloidal form is used so far as possible. Certain combinations of these remedies are found useful in many conditions.

In the treatment of the various neuroses, my experience confirms the value of the plan outlined by the editors of CLINICAL MEDICINE in the May number.

While the capacity of the building is only fifteen patients, better results are secured than where a larger number are gathered together. Since the majority of patients treated are alcoholics, morphine habitués and neurasthenics, better results are secured in a small institution, where each patient receives the personal care of the physician in charge, who here has more time for a study of the "personal equation" presented by each individual than is possible in larger institutions; besides, in these latter institutions the operating expenses are increased to a point where the profits are proportionately less.

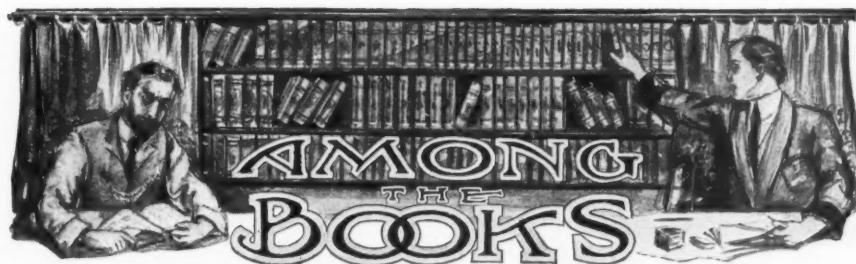
In operating this institution, the head-nurse and housekeeper each receive a percentage of the net profits, instead of salaries. The assistant nurses and housekeeping-help are paid the prevailing wages. This arrangement secures economy of operation by making heads of departments responsible for expenditures, and secures watchfulness in preventing leaks.

H. A. RODEBAUGH.

Columbus, Ohio.

—:O:—

In the number of CLINICAL MEDICINE referred to we asked the readers of CLINICAL MEDICINE who had had experience in running small hospitals and sanitariums to let us have reports of their difficulties and their successes, for the benefit of others. And this is the only response! Certainly the number of these institutions is growing enormously, and we know that many of our subscribers have them. Then—why? Is it because—as we suspect—that they are more interested in therapeutics?—E.D.



### ELLINGWOOD'S "TREATMENT OF DISEASE"

We have just received a copy of the second volume of Ellingwood's Practice, just off the press. Such an examination as we have had time to give it, confirms the favorable impression made by the first volume. Dr. Ellingwood has compressed within its 638 pages an enormous amount of research work. He has given numberless valuable suggestions along the lines which we have so earnestly advocated—that of fitting the treatment to the conditions present in each case, instead of senselessly searching for a specific for a disease, which in the vast majority of instances is not a specific affection.

This book can hardly be called "eclectic," although it is eclectic in the best sense. It is rather a book which every man who practises medicine ought to have and ought to consult. For surely, if there is anything good—anything which will enable the eclectic physician to do better work for his patients, every one of us wants to know it. If helenin is a good thing for uterine affections, and juglandin does good service in digestive difficulties, why under the shining sun should we confine ourselves to potassium bromide and rhubarb, if these other remedies are any better in some instances? It is simply silly for any man to be so hide-bound that he won't use a medicine unless it comes from his school, or recognize the good in a man who happens to have been trained on somewhat different lines. The true eclectic is omnivorous—he takes good where he

finds it, and only concerns himself that the thing *be* good, and then utilizes it as such.

### DE LEE'S "OBSTETRICS"

Obstetrics for Nurses. By Joseph B. De Lee, A. M., M. D. Professor of Obstetrics, Northwestern University Medical School. Second edition, revised and enlarged. Publishers W. B. Saunders Co., Philadelphia, 1906, \$2.00.

The book was written for nurses and also for students, who in the early part of their curriculum often have obstetrical nursing duties devolve upon them. The book has proved acceptable to those for whom it was written and published in 1904, so that a reprint of it appeared in a few months, and this second edition, improved, enlarged and brought up to date, is again before the profession. The author is a teacher who has the faculty of grasping what the needs of his students are, and to satisfy these.

### MORTON'S "GENITOURINARY DISEASES AND SYPHILIS"

Genitourinary Diseases and Syphilis. By Henry A. Morton, M. D., of Long Island College Hospital. Illustrated with 158 half-tones and photoengravings, and seven full-page color plates. Second edition, revised and enlarged. Philadelphia, F. A. Davis Co., 1906, \$4.00.

The strides made in the last decade in the better recognition of these diseases and their treatment are admirably worked up in this volume by a practical man, who has

abundant material at his command to verify theories and proposed practices. The book comprises but 500 pages, and is therefore within the possibility of perusal in reasonable time by the plodding physician, who meets with genitourinary diseases daily, and who desires up-to-date information.

#### NARAIN'S "INDIAN PHARMACOPEIA"

A Pharmacopeia of Selected Remedies Employed by the Vaidas and Hakims of India. By Ram Narain, L. M. S. Punjab Medical Service (retired) and Kali Charan Khanna Vaid, Delhi. Published at Delhi, by R. Narains' Medical Agency, 1902, 2 shillings, 8 pence.

The Vaidas are Hindoos whose life is guided by the Vedas, medicine included, while the Hakims are, it would seem, Mohammedans, as the word is Arabic, denoting "wise men" and especially physicians. The book has also a glossary of Indian drugs with their scientific names and vernacular synonyms. Altogether a valuable treatise for a therapeutic specialist.

#### "DICTIONARY OF NEW REMEDIES"

A Dictionary of New Remedies and Proprietary Medicines, with particulars regarding their composition, properties, therapeutic indications, doses, etc. An Index of Diseases and Remedies and a Directory of Manufacturers. Compiled by the editorial staff of *Practical Medicine*, Delhi, India. The Medico-Scientific Press, 1906, 5 rupees.

The editor does not hesitate to criticise any overlaudation of some of the remedies. It is a useful book in practice.

#### GOULD'S "INTESTINES AND STOMACH"

The Intestines and Stomach: The Technic of Operations on Them. By Alfred H. Gould, M. D., of Boston, with 190 illustrations, mostly original, several of them in colors. Published by W. B. Saunders Co., 1906, \$5.00.

A magnificent monograph in which the author was assisted by many eminent men personally and by the published works of eminent authors. A monumental work of intellectual skill, and fine artistic and mechanical execution.

#### HYATT'S "TEETH AND THEIR CARE"

The Teeth and Their Care. By Thaddeus P. Hyatt, D. D. S. For sale by the Dental Publishing Co., 44 Court St., Brooklyn, N. Y., 1906, 50 cents.

A small book for a small price, but of great value if carefully read and attention is paid to what the author has put in it.

#### DORLAND'S "MEDICAL DICTIONARY"

The American Illustrated Medical Dictionary. By W. A. Newman Dorland, A. M., M. D. Fourth edition, Revised and Enlarged, Philadelphia, W. B. Saunders Co., 1906, \$4.50.

This medical dictionary became our favorite from its first appearance. We have reviewed every edition with increased laudation, and we do the same with this fourth. Its mechanical production is fine.

#### BARKER'S "ANATOMICAL TERMINOLOGY"

Anatomical Terminology, with Special Reference to [BNA]. By L. F. Barker, M. D., of Johns Hopkins' University. With Vocabularies in Latin and English and Illustrations. Philadelphia, P. Blakiston's Son & Co., 1907. \$1.

BNA is an abbreviation of *Basiliensis Nomina Anatomica*, meaning the Basle Anatomical Nomenclature. It is a work on which eminent anatomists from all civilized countries have worked for the last six years and ultimately agreed to adopt and to urge its being adopted by the medical profession the world over. That the attainment of this object is desirable for mnemonic facilities is clear enough, but that it will work hardship for many is equally so. It seems regrettable to the

writer of this that no attention was paid to the historicity attaching to some of the old names, in this otherwise praiseworthy work, and that it lies open to the charge of partaking in the regrettable vulgar neglect of medical history in medical education. A few hundred or a thousand words in foot notes would not mar but rather grace the work with reverence.

But let what we said not detract aught of the thankfulness due the authors of the general work and to the author of the book before us. Their labors rank with the best benevolent labors for which our profession is first in human history, despite the loud-mouthed, carping, ignorant crowd.

The usefulness of this BNA book is such in study and practice, in our estimation, that we mean all what we say, that we regard it as indispensable to every physician, surgeon and obstetrician who has his books always near at hand for reference. The price of \$1 is a marvel.

#### PATTEE'S "PRACTICAL DIETETICS"

Practical Dietetics with Reference to Diet in Disease. By Alida Frances Pattee. Fourth Edition, Published by the author, 52 W. 39th St., New York City, \$1.00.

The book is widely accepted in leading hospitals and sanitary institutes. It will be an immense help to physicians and surgeons who are thorough masters enough to appreciate practical materia *alimentaria*, of which not all of them are masters. The book is the work of an observing, well-trained nurse, who has learned the need of patients and supplied it.

#### BROWN AND RITCHIE'S "MEDICAL DIAGNOSIS"

Medical Diagnosis: A Manual of Clinical Methods for Practitioners and Students, fifth edition, greatly enlarged and revised to date. By Drs. J. J. Brown and W. T. Ritchie, both of the Royal Infirmary of Edinburgh, with 200 illustrations and eight full-page plates. New York, Imperial Publishing Company, 1907, \$3.

This work is purely diagnostic. Modern methods of carrying out a thorough diagnosis involve so much technic before you can come to deduce from it the etiology of the case before you, that diagnosis has to be treated, taught and learned as a discipline by itself; and for this purpose the volume before us is of great use as a manual to be referred to. It is a book of 482 pages, closely but clearly printed, with an index of 26 pages, very elaborate and calculated to be really useful in practice.

#### BLAND-SUTTON'S "TUMORS"

Tumors, Innocent and Malignant: Their Clinical Character and Appropriate Treatment. By J. Bland-Sutton, F. R. C. S. Fourth edition, with 355 engravings. Chicago, W. T. Keener & Company, 1907, \$5.

A book of 566 pages, well illustrated, with an index to tumors and another one to organs. The author is a distinguished worker on the subject of cancer, which, while it is on the increase in the civilized world, has also attracted the royal notice of King Edward VII to promote its study and its cure. Naturally the author would and does give us a most valuable and practically usable book on the question.

#### METCHNIKOFF'S "NEW HYGIENE"

The New Hygiene: Three Lectures on the Prevention of Infectious Diseases. By Elie Metchnikoff. Chicago, W. T. Keener & Co., 1906, \$1.

Metchnikoff is one of God's modern gifts to the sciences and arts of medicine which He providentially cherished in all ages and lands. What Metchnikoff says we must all of us hear, whether we agree with or differ from him. Not that we should or would hide ourselves behind his or anyone's else *ipse dixit* authority, but while we are mindful of "*ars longa vita brevis*," and therefore should not blame ourselves for overlooking many a claiming authority in our practice, we would feel blamable for overlooking what he says. The three lectures are: (1) Hygiene of the Tissues;

(2) Hygiene of the Alimentary Canal; and (3) Hygienic Measures against Syphilis.

#### GOULD'S "BIOGRAPHIC CLINICS"

Biographic Clinics: The Influence of the Visual Function upon Health. By George M. Gould, M. D. Vols. 4 and 5. Philadelphia, P. Blakiston's Son & Company. 1906 and 1907, \$1 each.

A chronic patient with multitudinous neuroses and complaints came to a physician who listened patiently to past, present and prospective ailments, eruditely punctuating the recital now and then with a nod of his head. When the patient was seemingly through, the doctor said: "Yes, first of all, you will have to give up all alcoholic beverages." "But, Doctor, I have never taken a drop of alcohol in all my life."

"So? Then give up any and all use of tobacco." "Well, Doctor, I have never indulged in that either." "Well," said the doctor somewhat vexedly, "then I can't help you." He did not know yet the far, farther and farthest reaching extent of eyestrain, or he would have duly vindicated his own and the profession's honor.

In this respect Dr. George Gould's "Biographic Clinics," especially the matter pertaining to the second and explanatory part of the title, are exceedingly useful, and "profitable for doctrine, for reproof, for correction, for instruction, etc." Dr. Gould's writings are eminently suggestive, despite the inconcealableness of his personal equation, and so are these volumes of his. Eyestrain is chiefly ametropic, and ametropia means either too far or too near vision. and the ideal normal distance varies with every individual, hence must be discovered by the quasi intuition of the rare erudition of the refractionist specialist. Hence the useful elasticity of ametropic eyestrain in practice. The tremendous importance of the subject may perhaps be discovered from the following citation from p. 247, Vol. 5:

"The crux of the matter is accuracy in diagnosing ametropia, judgment in prescribing glasses, and an enormous con-

scientiousness and zeal in getting the right spectacles rightly worn. It is not exaggeration to say that fifty per cent of refraction done by America's 5,000 or more oculists is ludicrously incorrect and would not cure eyestrain. Then fully fifty percent of opticians' work is so inaccurate in make and adjustment that misfortune must follow even with correctly ordered glasses."

#### CARUS' "OUR CHILDREN"

Our Children: Hints from Practical Experience for Parents and Teachers. By Paul Carus, Chicago. The Open Court Publishing Company, 1906. \$1.

This is not a book for review in a medical journal like ours, and yet we think we may indulge in this notice. The author's views are those of a philosophic monist. He repudiates the idea of a personal God, but he believes in the goodness of God. He thinks those who believe otherwise to be yet undeveloped children, no matter however great in science, arts and ethics such men may be. And as extremes meet, so they meet here, viz., with the Christ's saying, "Whosoever shall not receive the kingdom as a little child he shall not enter therein." Elsewhere the writer of this would not hesitate a moment to take up the cudgels with the author, but whether here or elsewhere, we shall never lose our profound respect for the author's learning and his ethics and innate religiousness. As to training a child on the author's scheme I would say, if you are not and have no idea of becoming a Christian and have children to train *at home*, then take Dr. Carus's book and make a study of it.

#### MEIGS' "STUDY OF BLOOD-VESSELS"

A Study of the Human Blood-Vessels, in Health and Disease. A supplement to "The Origin of Disease." By Arthur V. Meigs, M. D., physician to the Pennsylvania Hospital. With 103 original illustrations. Philadelphia and London, J. B. Lippincott Company, 1907, \$5.

A rare work, valuable and really original.

REED'S "PHANTOM OF THE POLES"

The Phantom of the Poles. By William Reed. Publishers, Walter S. Rocky Company, 259 5th Ave., New York. 1906. \$1.50.

In the year 1871, a German by the name of H. Haug wrote and published himself a book of which the following is a translation of the title page: "The Old Testament by 'Him-of-Shiloh,' after Zunz's translation, according to its true contents, for the first time intelligibly written out for the human understanding, by H. Haug, vol. 1st, with a lithographic plate (of Canaan)." In that book the author proved to his own satisfaction that Jehovah and Elohim before Noah are not to be understood as God, but as a race of creatures resembling human beings, and in many respects more brutes, who lived normally in the interior of the earth.

The attributing to the creatures divine creative activity the author denounces as a falsification from of old. Furthermore, he asserts from Scripture that these humans of the south polar inner hollow of the earth were the original humans who originated there by spontaneous generation. Thence man was ejected to the outer surface of the earth, where he lived on the oceanic continent for about 1,650 years, during which time he acquired his present form by the process of natural selection. At last that continent was overwhelmed by a flood, the inhabitants partly destroyed and in part saved in ships which brought them by currents to the coast of Asia, while communication with the south polar hollow of the earth became interrupted and the communication with the human race of the book of Genesis was forever cut off.

Some years near the latter part of last century an eclectic physician by the name of Cyrus R. Teed started a religious social sect on the creed that the earth is hollow. It surprises that Mr. William Reed makes no mention of this man and his geographical ideas. Is it possible that he knew nothing about it? As to the book before us I am in duty bound to say that it is

of absorbing interest. Whether Mr. Reed is in real earnest, or only fictitiously so, I could not make up my mind, but in either case he succeeded in interesting me—and I think he will you, too, my reader. He certainly succeeds better in explaining the hitherto unexplainable phenomena of the polar region than the attempted explanations by our scientists and explorers do. We will say no more, for our aim here is to whet your curiosity for the book, which should be sold and read by the thousands.

Dr. W. F. Waugh tells us as follows: "The theory is very old, and Simms's (or Symmes's) hole was a joke before I was born. Vide theory of concentric spheres."

THEOBALD'S "DISEASES OF THE EYE"

Prevalent Diseases of the Eye. A Reference Handbook, especially adapted to the needs of the general practitioner and the medical student. By S. Theobald, M. D., professor of ophthalmology, Johns Hopkins University. With 213 illustrations and ten colored plates. Philadelphia, W. B. Saunders Company, 1906. \$4.50.

The book is not designed either for the specialist or the semi-specialist, but for the general practitioner, to help him in what he can and should undertake, and to show him what he cannot and should not undertake. Of course this is not very closely defined, and yet useful.

GOULD'S "MEDICAL DICTIONARY"

The Practitioner's Medical Dictionary. An Illustrated Dictionary of Medicine and Allied Subjects, including all the Words and Phrases generally used in Medicine, with their proper Pronunciation, Derivation and Definition. Based on recent Medical Literature. By George M. Gould, A. M., M. D. The dictionary contains among other new features the terms of the Basle anatomic nomenclature and the standards of pharmaceutical preparations as given by the eighth decennial revision of the United States Pharmacopeia. P. Blaki-

ston's Son & Company, Philadelphia. Price \$5.

Gould is a past master in dictionary making, and this, his latest product, can be safely recommended to all practitioners as one of the best and handiest medical dictionaries. The changes in the standards of pharmacopeial preparations have not been properly attended to. For instance, tincture of aconite is stated to be 35 per cent strong when as a matter of fact it is now only 10 per cent. Tincture of digitalis is 10 percent, but in the dictionary the old strength is still given. But outside of minor pharmaceutic and chemical errors, the dictionary is thoroughly reliable and up to date.

#### ROCKWELL'S "ELECTRICITY"

The Medical and Surgical Uses of Electricity. By A. D. Rockwell, A. M., M. D. New edition, revised and enlarged. New York, E. B. Treat & Company, 1907. \$5.

The present edition is the latest of the many since the book first made its appearance and gained long ago a world-wide reputation for both the still surviving author and his late colleague George M. Beard. No things that have been discovered in electricity during the last few years (and they are many) and which have therapeutic value tried or even only proposed, are omitted in this great volume. It is safe to say that this volume is, in the true sense of the phrase, "up to date" not only in fashion but in practical usefulness.

#### MORGAN'S "QUALITATIVE ANALYSIS"

Qualitative Analysis: As a Laboratory Basis for the Study of General Inorganic Chemistry. By Wm. C. Morgan, Ph. D. (Yale), New York, Macmillan Company, 1906. \$1.90.

This book is arranged, and teaches chemistry, according to the recently accepted theories of dissociation, ions, periodicity, and so on. There is somewhat of strangeness as to familiar subjects at first,

but the reasonableness of the system soon becomes apparent and to be appreciated. The book is divided into three parts: (1) General, (2) descriptive, and (3) analytical.

#### REED'S "DISEASES OF THE STOMACH AND INTESTINES"

Diseases of the Stomach and Intestines: Lectures to General Practitioners. By Boardman Reed. Extensively illustrated. Second edition, 1907. \$5. Publishers E. B. Treat & Company, New York.

Being lectures to general practitioners, the author allowed himself a latitude of discussion which he would not were he to write for students at school. He discusses his theme in relation to other diseases and the way to meet them in the treatment of the main trouble. The diagnosis is extensive and thorough. The book comprises 982 pages, and an index of 39 pages. We are far, very far, from complaining of this work as "one more to the many already in the field." No, there are none too many like this one on a subject of which "we know in part and (therefore) prophesy in part," waiting patiently and anxiously for the time "when that which is perfect is come," which is a good ways off yet. Meanwhile this book is very welcome.

#### PHIPP'S "INSTITUTE REPORT"

Pulmonary Tuberculosis, its Modern and Specialized Treatment, with a Brief Account of the Methods of Study and Treatment at the Henry Phipps Institute at Philadelphia. By Albert Philip Francene, M. D., of that institute. Illustrated. Philadelphia, J. B. Lippincott Company, 1906. \$2.

An interesting and instructive up-to-date book on this absorbing subject.

Catalogue B. of Hospital Supplies, Sharp & Smith, 92 Wabash Ave., Chicago, is a fine thing to have in a physician's library. Send for it, it is really priceless, for I see no price given.



## CONDENSED · QUERIES · ANSWERED

### PLEASE NOTE

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES

**A WORD FROM THE EDITOR.**—We are not getting as many answers to the queries from our readers as we should. We want every one to take a part in this department; it isn't for the editor alone—it's for all of you, and wherever the editor's answer doesn't fit in with your ideas, or wherever you have a suggestion to offer which you think will help others because it has helped you, sit right down and "dash it off" for **CLINICAL MEDICINE**. We want to create a feeling of mutual responsibility for this department, just as for every other portion of the journal. Let's all help!

**ANSWER TO QUERY 521.**—As to the question of J. E. E., Missouri, I saw a case of appendicitis in a negro who was a roustabout on a steamboat in 1901. He was brought to the Marine Public Health Service Hos-

pital at Louisville, Ky. He gave a history of its being the third attack. He was operated upon and the organ found to be perforated and gangrenous. He did not recover.

CHAS. S. EVANS.

Partridge, Kans.

**ANSWER TO QUERY 5253.**—I have used caulophyllin in several obstetric cases, giving from 1-6 grain to one grain every fifteen minutes to one hour apart, and have never had a hemorrhage follow and have never used ergot or any other remedy at the end of labor. I do not believe that caulophyllin will cause hemorrhage; rather, that in proper doses it will control or prevent post-partum hemorrhage.

J. A. BURNETT.

Alma, Ark.

## QUERIES

**QUERY 5260.**—"Smoker's Cancer." I have a patient, male, 64 years; has smoker's cancer on the lip, about the size of a silver dollar. Can you tell me something to arrest the growth.

R. T. H., New York.

A smoker's cancer on the lip, if it be a cancer at all, should be promptly extirpated. Nothing else proves effective. In the majority of instances operation is declined, however, and you can try the following

method which has been outlined by us in **THE AMERICAN JOURNAL OF CLINICAL MEDICINE**: Arsenous acid one dram, pulv. acacia one dram, cocaine hydrochloride two grains. Mix well, add a small quantity of water and rub the paste to a cream. Curet the growth thoroughly and apply on a piece of rubber plaster after oozing has ceased, leaving *in situ* from eighteen to thirty-six hours. It may be necessary to make another application and to use mor-

phine hypodermically to control pain. Upon removing the plaster you will find a black mass surrounded by an inflamed area. Apply hot poultices until this slough comes away and then dress as any clean wound should be dressed. Nuclein powder or bovine or iodoform gauze will prove efficacious. By the way, try internally a capsule containing methylene blue one grain, thiosinamin one grain, chelidonin two granules, condurangin two granules and nuclein four drops. This formula is very highly recommended by several physicians. Do not forget that echinacea and thuja have given results in some cases, but we would not like to lose time experimenting when the growth has attained the size of a dollar. Keep up elimination, Doctor, with calomel and iridin or blue mass and soda, and iridin, hourly for four doses every other night for ten days and a saline draught the next morning.—Ed.

QUERY 5261:—"Arthritis Deformans." I am treating a patient, aged 49, mother of eight children, past menopause one year, sick about one year with swelling of the joints that deforms. Patient has no fever; pulse and arteries good; urine sp. gr. 1028, loaded with phosphates, no albumen, no sugar; very anemic; loss of appetite and very weak; sleeps well; has been treated (past year) for inflammatory rheumatism. She came to me about two weeks ago and I diagnosed arthritis deformans; however, my success with such cases has not been at all flattering. I am giving podophyllin and calomel, followed with saline, the W-A intestinal antiseptic, colchicine to effect, with formin, wrapping joints (with hot cod-liver oil baths) with flannel. I have directed passive movements of the effected joints, also a limited diet, consisting of milk, fruit juice and dark bread. I used wintergreen, sodium salicylate, etc. What would you advise? Would calcalith be good in such cases?

W. C. K., Ohio.

Arthritis deformans does not yield readily to treatment, in fact well-developed cases may practically be regarded as incurable.

You will find, however, that hot air, incunations of olive oil or lanolin and carbenzol, one part of the latter to four of lanolin, with sponge baths with solution of magnesium sulphate, and application of compresses wrung out of a similar solution are beneficial. Cover the compresses with oiled silk and flannel. A morning dose of saline laxative, daily, with occasional evening doses of mercury and podophyllin, will keep up elimination, bowels being rendered aseptic with sulphocarbolates. Candler's rheumatic tablet is often valuable. Correct indigestion with indicated remedies. Calcalith is often useful—and don't forget boldine. You will probably find ten minims of diluted nitrohydrochloric acid in a glass of water with meals beneficial also. We are a little inclined to doubt the diagnosis in this case. However, follow out for a month the treatment suggested and report results. We may be able to serve you further. Do not forget that guaiacol may be rubbed in with the lanolin and carbenzol with advantage.—Ed.

QUERY 5262:—"Codeine in Subacute Bronchitis." I notice among the therapeutic nuggets one by Dr. Butler to this effect: "Aconitine, emetine, hyoscyamine, codeine, one granule every half to one hour for acute bronchitis." On May 1 I was called to attend a Mrs. C. of this city who was suffering with a subacute bronchitis. The first day I placed her upon eight each of the above granules, giving them every half hour for five doses, then every hour. The second day I visited her I found her much improved. The cough was easier. She said she slept well during the night and felt fine, yet when she attempted to get up she sank back exhausted. A short while afterward she arose and went about her household duties. This time I gave her ten doses each of the above with instructions to take one of each every half hour for five doses, then every hour. Upon visiting her the third day the results were all that could be desired, so I repeated the second day's dosage. The fourth day I was elated over the good results I had, as

the fever, soreness and hoarseness had all disappeared and only a slight cough remained. I then wrote out a prescription as follows: Decoction of althea, Gm. 130.0; ammonium chloride, Gm. 3.0; codeine sulphate, Gm. 0.3; syrup of licorice, Gm. 20.0. Directions: Gm. 15.0 every two or three hours. The patient had this filled, and when I returned the next day, her cough had become hoarse and dry with considerable oppression of the sternum. I leave this open for you to do with as you see best.

J. P. G., Illinois.

We can hardly be sure that codeine was contraindicated in this case, but it would seem to have been. Had emetine been exhibited also, perhaps better results would have followed.—ED.

—  
QUERY 5263.—“Calx Iodata—Its Correct Use in Croup.” I am a subscriber to your valuable journal and find many good points in it that are advantageous to me as well as a benefit when *applied* to my patients. In looking over its pages, among some of the more positive assertions which I often encounter, that pertaining to iodized calcium for membranous croup is the most conspicuous. I have with this drug felt elevated to the pinnacle of mastery and would not consider myself as doing my full duty were I not to administer it in all cases of pseudo-membranous croup. I have been abiding my time till a proper case would present itself for applying the remedy. It came to me on February 12. My case occurred in a boy  $3\frac{1}{2}$  years of age. The large majority of membranous croup affections are accepted to be diphtheritic in nature, and, unless we are positive to the contrary, it is wise to treat them as such and give them the benefit of the antitoxin serum. In this instance, however, we could eliminate the presence of the diphtheria bacilli from the fact of having made cultures on two occasions, both of which proved negative. I had in other respects a plain case of severe pseudo-membranous laryngitis to deal with, therefore I felt it a typical case in which iodized calcium could show its merits.

In briefly reviewing the history of my little patient I will say that he began with the usual phenomena of croup, having for a few days previous to the typical onset some cough and hoarseness such as accompany ordinary colds, succeeded later on with the croupy metallic cough. [Then was the time to push calx iodata to “effect.” —ED.]

It was at this period that a bacterial culture was made. Although no exudate was in evidence, the swab was carried well down into the throat about the epiglottis to gather secretions from that point. While waiting for bacteriological developments, Mulford's diphtheria antitoxin (3,000 units) was administered. The report from the laboratory came, “No diphtheria,” but with request for another culture, which was sent twenty-four hours after the first; likewise another 3,000 units of serum was given. The second microscopic examination resulted as the first in findings. In the meantime my little patient was constantly and progressively becoming more distressed in breathing, with characteristic stridulous inspirations, notwithstanding recourse to iodized calcium was perseveringly employed in 2-3 grain doses every two hours for a period of over seventy-two hours. In connection with this treatment Lloyds' aconite, lobelia and sanguinaria were alternated with the iodized calcium to reduce temperature and encourage secretion from the mucosa, together with occasional doses of calomel for bowels followed by castor oil, cold compresses to throat and inhalations of lime water. To cut short a long story, at the end of the fourth day all conditions were aggravated and it began to appear as though a funeral would soon be in order unless other means to be employed proved curative, as medicines were evidently a failure. Intubation of the larynx was then adopted, which also failed to relieve, owing to the extension of membrane beyond the point of the tube or to a pushing of a fold of some in advance of it, so that finally tracheotomy alone relieved the stenosis and urgent symptoms. Recovery followed in due time.

The whole feature of treatment in the case is probably what would suggest itself to any physician in conditions similar; but, what I want to get at in this report, is a clear-cut case of membranous croup with a perseverance in application of iodized calcium in quantity sufficient to make some good impression. The calcidin, I appreciate, was not at the beginning pushed to maximum dosage, but its persistent use night and day after more than seventy-two hours ought under ordinary conditions to produce the systemic effect of the drug. I do not wish to condemn on one trial of failure, as it is impossible to say just how much worse the child might have fared without it, but it rather shakes my faith in its use when applied to severe cases. In true diphtheria we have something to depend on to neutralize the toxin, but with membranous laryngitis we have to fight it to a finish on different grounds, unassisted by the good effects of an antitoxin.

A. J. C., California.

Allow us, Doctor, to call your attention to an answer to correspondent in the March JOURNAL OF CLINICAL MEDICINE on "Diphtheria and Membranous Croup." At the same time let us ask you to read the answer to another correspondent, "Where Calcidin Failed," which appeared in the April (1906) JOURNAL. After reading these two communications and the literature on calx iodata, with which you are doubtless familiar, we think little more will need to be said by us. In the first place, Doctor, the dosage of calx iodata (2-3 grain every two hours) was not correct. One-third to one grain should be given *half hourly*, or *hourly* at least, and adjuvant treatment, as may be required, instituted. You are as well aware, as we are, that pseudo-membranous croup assumes various forms and that complications and severe systemic disturbances may or may not be present. A remedy such as calx iodata which has, in the hands of the profession at large, and for many years past, yielded a percentage of cures exceeding 95 per cent, can hardly be criticized because results are not ideal in isolated in-

stances. We believe that in this particular case heavier doses of calx iodata in solution at frequent intervals would have proven effective. At the same time, nuclein was evidently indicated and we are inclined to believe calcium sulphide would have been beneficial. A spray of hydrogen dioxide, glycerin and water would also have given good results later. Another suggestion: in all such cases, Doctor, apply promptly to the throat compresses wrung out of a carbolated saturated solution of magnesium sulphate (1 ounce of the salt to a quart of water, adding 10 minims of carbolic acid).

It would be absolutely impossible for any drug to give perfect results in every case and we doubt very much whether any remedy known to the profession gives as positive and even results as calx iodata. Men who in previous practice lost practically every case of croup they had to deal with, have now for years saved all by the use of calx iodata. We can hardly argue that the type of the disease has changed since they became familiar with calcidin. We would urge you to read carefully the printed matter sent you and to give large doses at short intervals, basing the rest of your treatment upon the peculiar conditions present in the individual under treatment. Calx iodata is invariably indicated in croup. It is impossible to say, however, that such and such remedies, and such and such remedies *only*, will always be called for in every case of croup. If there is any reason to suspect diphtheritic infection, always use antitoxin—its use does not prohibit the exhibition of calx iodata.—ED.

QUERY 5264:—"Regurgitation of Food." Please help me out in a case of atony of the stomach in a young lady who eructates her food, in fact everything except water and candy. There is no nausea, and food returns without change. Bowels move regularly and liver seems to work O. K. She is of a family of dyspeptics, robust, corpulent and appearing in the best of health. I have tried in vain to arouse the stomach to action. Tell me what to do.

J. W. S., North Carolina.

We are not able to prescribe definitely for your patient because we have not clinical data enough to form a clear diagnosis. Relaxation of the cardia may cause regurgitation but are you sure that you have not an esophageal diverticulum here? How long after swallowing is the food regurgitated? In nervous cases there is no odor to ejected matter. Have you tried the Boas "test meal" and ascertained the absence or presence of hydrochloric acid? Is there any evidence of gastric catarrh? Give us a clear idea as to general physical conditions; test the reflexes and note whether there is any sign of gastropnoia. We should be inclined to have this girl put upon such tonic alternatives as hydrastis, strychnine and juglandin, one granule each every three hours, and have a snug abdominal belt always in place. Brisk massage over the gastric area and faradism might help; try the faradic brush (intraventricular). Appliances are easily obtained. If this is out of the question, wash out the stomach well with cool decinormal salt solution and then throw into the viscus 2 ounces of water to which is added 2 drams of *colorless* bismuth and hydrastis (Merrell). Add massage and the remedies advised earlier. Nux and capsicum might well be given in place of strychnine and one of the "gastric sedative" granules would be effective half an hour prior to meals; feed very lightly—concentrated nutriment of an easily assimilated character. By the way, do not overlook the advantages of the *cold-water spray* (internal) in this case. We should try it. As you get control, institute a tonic treatment generally. Keep up dermal elimination. Instruct your patient to swallow regurgitated material.—ED.

QUERY 5265:—"Urticaria Oedematosa?" I wish to relate a case to you which is under my care. On May 2 the patient rode twenty miles and returned in the cold—got very chilly, could not get warm for several hours. Twelve hours later he broke out in "blotches," red, not raised, on back and sides of limbs, and a little later over arms. No fever for seven days; for six

or eight days no further breaking out; since that time it has extended all over the body, very little, however, over chest and abdomen. No roughness till about the fourteenth day, and that over wrists and back of hands. He has wheals over forehead and lumps in his hair, and they are quite sore to the touch. He had a good appetite until about the eleventh day and tongue was not coated till then. Caught cold about the tenth day and had quite a sore throat and fever ran as high as 102° F. for two days. About the fifth day muscles of his legs were stiff and gave him considerable pain on motion, and since then he has been bothered first in one place and then in another—very much like rheumatism. Tongue cleaned off the past few days and he has a good appetite again, yet there is swelling of hands and feet and still new wheals and knots on scalp, and considerable pain on moving. These spots are some small and some quite large and very red for a few days, then fade to a bluish and then dark and then natural. There is no itching or burning—neither has there been at any time; urine high-colored, and acid in reaction. Specific gravity was 1.030—but that is now a great deal better. If I have given you anything from which to make up a diagnosis, please tell me what the disease may be.

R. S. J., Nebraska.

You doubtless have to deal here with a type of urticaria with a uric-acid or rheumatic diathesis as the causative factor. Urticaria oedematosa will perhaps describe the condition, though the absence of itching is noted also in "rheumatismal nodules." The latter, however, do not present a reddened surface, resembling a gumma to some extent, being usually freely movable under the skin. They usually appear during the night and disappear within twenty-four hours, though occasionally they remain for weeks. The nodosities, however, you describe so closely resemble the classical urticaria oedematosa as to be unmistakable. The main thing, of course, is to correct the constitutional dyscrasia. To secure elimination, we would have the man take

blue mass and soda, gr. 1; iridin, gr. 1-6; podophyllotoxin, gr. 1-12; hourly for four to six doses, every third night, and salithia, one full teaspoonful, next morning on rising, —preferably in *hot* water. Calcium carbonate compound, one tablet, crushed, with a glass of water, between meals. Four of the sulphur laxative granules after meals for a week will also prove of prompt service. If there is any intestinal atony (and there almost always is), give a few high enemata of normal salt solution and exhibit 10 grains of the sulphocarbulates four times daily till the stools are sweet and normal in character. Have the entire skin sponged twice daily with a saturated solution of magnesium sulphate (2 drams to the pint) and add a few drops of oil of wintergreen dissolved in alcohol. Locally, to the nodules, apply camphomenthol.—Ed.

QUERY 5266:—"Neuralgia of Tongue." I have a bad case of "neuralgia" severely affecting the tongue on the left side. The lady is about 50 years old and has been suffering for five or six years. She has consulted and has been treated by a great many doctors without any benefit whatever. She sent me a clipping from a paper, which I herewith enclose. [Describes injection of alcohol.—Ed.] Do you know anything about the remedy and its technic or its exact use as to the quantity or purity of the alcohol to be injected? I do not know that "all other remedies" have been used in her case; but a great many have, and failed. I consulted the professional brethren in our medical society and found but few had ever seen a case, and knew of nothing that would cure it. About two years ago I boldly injected two or three drops of chloroform (Squibb) into the tongue at or near the seat of pain. It was very sore and sloughed out a small bit of tissue in the tongue; but relief followed, lasting more than twelve months and the patient was happy and loud in my praise for having done her more good than any other physician. But, alas, the old enemy came again to torment her and continues so to do. Now, please give our brethren the brief

history herewith poorly written and see if some of them will give us their aid.

J. W. J., North Carolina.

Neuralgia of the tongue is a very, very intractable condition, frequently proving rebellious to treatment of every kind. Alcohol has been injected into the tissues about the nerve-trunk and *into* the nerve-trunk. In many cases destruction of the nerve-tissue is apt to follow. We certainly would not attempt to inject alcohol in this case. Do not forget that neuralgia of the tongue may be caused by aural disease, nor should you overlook the necessity for examination of the urine. In all cases of neuralgia uric-acid diathesis is often at the bottom of the trouble, and a course of eliminants followed by tonic alteratives will frequently prove curative. Remember that "neuralgia" may be due to anemia, malaria, gastralgia, local lesion, congestion, retention, etc., and you may readily see how absolutely essential it is that we understand the *cause* before attempting treatment.

Injections of ether are safer and often more efficacious than those of alcohol. Three to four minims may be injected along the course of the nerve with a fine needle. In this case it might be well to cut down and sever or stretch the affected nerve if you can discover it. Better have a dentist examine the teeth, Doctor, and have a competent man carefully examine the ears. At the same time make a careful physical examination and send us a specimen of urine, four ounces from the entire amount passed in twenty-four hours, stating the amount passed, and we may then be able to outline an effective treatment. In the meantime we would suggest a preliminary cleansing of the primæ viæ and stimulation of the liver. Podophyllotoxin gr. 1-12, calomel gr. 1-6, half-hourly for four doses every other night for one week. Give a teaspoonful of salithia in a glass of water the morning following, before breakfast. Make a solution as follows: Water, 8 ounces; magnesium sulphate, 1 dram; creolin, 5 minims. Have the patient hold this in the mouth for three or four minutes two or three times a day should pain recur.

We think you will find it the most prompt and positive-acting anodyne available. If you can be quite sure of the nerve involved a small blister over the main trunk (external) may prove curative. Gelsemin or cannabin and atropine will perhaps prove alleviative. Glonoin has promptly stopped such paroxysms.—Ed.

QUERY 5267:—"Rhinorrhea?" Patient, age 33, married two years, preacher; father still living at 84; mother still living at 67; eleven children in family, all alive; one brother has "catarrh" quite badly. Had mumps at 27, whooping-cough at 4, measles at 9, chickenpox at 14. Present trouble dates back thirteen years. Caught cold, as a child, which seemed to settle in nose and stop it up. The first trouble lasted two months. Had difficulty in breathing through nose. After this trouble nose would stop up at irregular intervals.

Attacks gradually diminished in frequency but came with more regularity. Now come on at quite regular intervals; patient is easily excited. Grief, excitement and anger will cause an attack of diarrhea and make patient nauseated. Bowels ordinarily move freely once a day. Food seems to digest properly. About nine years ago had right nostril cauterized (probably lower turbinate). Seven years ago had a piece of bone removed from left turbinate and they tried to remove piece from right side at same time. Has had right side operated on since then, but with no results. During intervals nose gets very dry but is open. Examination showed mucous membrane reddened and inflamed, nose very narrow, slight deviation of septum to right. Scars of cautery on both lower turbinates; middle turbinates enlarged.

Attacks start with itching of roof of mouth and end of nose and general nervous condition. Attack begins with profuse watery discharge from nose and eyes always accompanied with violent sneezing and itching and burning of eyes. Nose becomes almost completely stopped up and patient has to breathe through mouth. Ears become filled up and there is difficulty

in hearing. Attacks last from twenty-four to thirty-six hours, but used to last longer. Patient has frontal headache with an attack; has worn glasses fourteen years. General health good. Patient's sleep rather restless; he dreams a good deal and talks in his sleep.

This history was taken in July a year ago. I prescribed iodide of arsenic as a general remedy, and gave atropine to physiological effect for acute attacks. He improved in the fall and part of winter, but now is as bad as ever and has been for three months. A few weeks ago I put him on calcalith, one tablet four times daily, but it has done him no good. I have used other remedies at different times, but with no apparent effect. The condition seems to be of a neurotic nature. If you have any suggestions as to treatment and diagnosis, I should be pleased to have them.

W. H., Oklahoma.

The case described is of great interest and we are inclined to think that treatment will have to be chiefly constitutional and quite prolonged. First and foremost, examine the urine at frequent intervals and see to it that elimination of solids is thorough. In most of these subjects there is either insufficient elimination of urea or retention of uric acid. Of course it is absolutely essential that any nasal abnormality be corrected, and we have found in all such cases that the daily use of a mildly astringent alkaline antiseptic lessens the severity as well as the frequency of attacks. However, with the exception of local treatment, it is impossible to lay down any rules as to medication, for the drugs useful in one case may be entirely out of place in the next. Dobell's solution one ounce, adrenalin chloride solution (1:1000) one dram, will be promptly alleviative in most cases. Any good preparation of suprarenal gland may be given internally (grs. 2 to 4) three times daily, with advantage. Small doses of hyoscyamine or atropine valerianate will lessen the irritation and discharge, while the same medication exerts a beneficial effect upon the irritated nerve. Cleanse the nares well with any good alkaline anti-

septic morning, noon and night—always using the solution at body-heat and through a douche (*not* with atomizer), and then apply the Dobell solution and adrenalin. Or you may utilize suprenalin ointment (Armour Co.) or chloretone inhalant (P. D. & Co.). This to stop the immediate irritation, etc. As soon as the attack has been controlled, irrigate with a glycerinated solution of calendula, swab the mucosa with a 1:10,000 solution of suprarenal gland and apply carbenzol ointment or carbenzol diluted with two parts of albolene. Internally hydrastin, eupurpurin and helenin may be exhibited for their tonic alterative action upon the mucous membrane, gr. 1-6 of hydrastin and gr. 1-3 of the two other drugs being exhibited four times daily. The nerve formula (Waugh) often will prove useful, as will also arsenic iodide and zinc phosphide, *alternated*, after meals. Salines are always called for in most cases; the sulphocarbonates may be exhibited for some days with advantage. One of our cases yielded to a solution of boric acid, zinc sulphocarbonate and cocaine applied locally. The prescription, as remembered, was as follows: Boric acid, grs. 20; zinc sulphocarbonate, grs. 10; cocaine hydrochloride, grs. 2; glycerin, drs. 4; water (distilled), q. s. to ozs. 3. We hope, Doctor, that some of these suggestions may prove of service, but we feel sure that the patient will never be cured until you have gained a clear conception of the *fons et origo mali* and treat the patient accordingly.—ED.

QUERY 5268:—"Bronchial Hemorrhage." I have a case of bronchial hemorrhage of four years' standing. Sometimes the patient, a lady, goes from one to six months without raising any blood, when all of a sudden it breaks loose. I have made four or five examinations for tubercle bacilli, but have never found any. There appears to be no consolidation at any place in the lungs and I can find no cavities; respiration is regular, and expansion very good and equal on both sides and of equal rapidity; when she has not had a hemorrhage for some time, all that can be heard in the way of abnormal

sounds is only a little harshness over that part of the chest from which bleeding comes; sometimes it starts from one side and sometimes from the other. She did have a liver and stomach trouble, but this I have apparently overcome entirely; her color is good as a rule, she looks strong and robust, appetite is good, and she does not lose weight except when worried by repeated hemorrhage; occasionally, and sometimes quite frequently, small blood-vessels burst in her limbs, leaving blue marks; menstruation is about normal, sometimes a little painful. I can control or stop the hemorrhage easily enough for the time with glonoin and atropine and ergotin, but my trouble is the ultimate cure of the condition. I have exhausted my resources and wish to know what in your experience has given the best results. The lady is twenty-seven years old and a graduate nurse. No tuberculosis in the family. Is always worse in spring.

X. Y., Iowa.

It is not an easy matter to prescribe for a patient offering symptoms of this kind without a full knowledge of local and general physical conditions. She seems to be a hemophiliac. We should put her on calcium chloride in full doses, adding hydrastinine, helenin and the arsenates of iron and quinine. Ergotin does not do good in these cases. Digitalin *does*. Suppose you try one hydrastinine, two helenin, one digitalin between meals three times daily, and two triple arsenates with nuclein after food. Calcium chloride an hour after eating. Improve physical conditions generally by salt sponge baths, massage and deep breathing—gently begun. Order gelatinous foods freely. Examine the blood, Doctor, and keep an eye on the urine; see to it that the body-chemistry is normal. Oil of erigeron and cinnamon water are unquestionably of service at times, but the thing is to correct the dyscrasia causing the hemorrhage. The eclectics use the fluid preparation of geranium maculatum for some time, and their results often are good. We trust that from these suggestions you may find help; were we better informed, probably we could offer something positive.—ED.

QUERY 5269:—"What Causes this Pain in the Leg?" I have a patient (woman), 20 years of age, married, has given birth to two children, apparently stout, and has enjoyed good health, but was taken sick about three weeks ago with severe pain in her left leg, the pain being more severe on the inside of knee, while sometimes it extends into the hip. There was considerable nausea and vomiting in the beginning, the vomiting being of green color. Temperature 99° F. this morning—the first time it has been above normal. Tongue is coated nearly all the time. No headache, no soreness of the muscles, no swelling of the joints, no tenderness along the course of sciatic nerve. She cannot lie on her back without suffering pain; when on her right side she is almost free from pain. Pulse 120, no appetite, kidneys acting well, no tenderness in lumbar region, bowels constipated. She suffers very little from nausea now, just once in a while. Her husband is down with consumption and she has waited on him constantly for the last twelve months. If you can suggest a line of treatment from the history given it will be appreciated.

R. L. H., Arkansas.

Unfortunately, Doctor, the clinical data you give are not sufficient to enable us to make a diagnosis. "Pain in the left leg" extending from the knee to the hip may be due to one of several conditions. Nausea and vomiting also may be reflex, although the vomiting of green matter tends to show that there is some regurgitation of bile. The mere fact that this woman has nursed her husband for twelve months through a case of phthisis pulmonalis would lead one to suspect tubercular involvement somewhere. It might be well to have the vomitus examined, also the urine and any sputum which may be voided. Send us four ounces of the urine taken from the twenty-four hours' output, stating the total amount passed; also a specimen of the vomitus matter, and a careful description of the physical conditions, such as heart sounds, pulse rate, condition of liver, spleen, stomach, etc., etc., as revealed by deep palpa-

tion and percussion. Carefully note condition of the vessels and make a rigid examination of the pelvic regions. Note the presence or absence of meteorism or tympanites and carefully note the color of stools in this case. Examine for tubercular hip-joint disease. Remember that the pain is often referred to the knee.—Ed.

QUERY 5270:—"Post-Typhoidal Stomach Trouble." Female, age 26, medium weight and height; had always been in good health until four years ago next September, when she took typhoid fever and was not able to get out of bed till the following January and never got out of the house till June. Could not walk very well for a long while and cannot walk very well yet. In June, three years ago, she began belching gas from stomach, and this condition still continues now and is perhaps a little worse than three years ago. She belches sometimes every two to three minutes, being some days better, other days worse, but never a day in three years without more or less belching. Sometimes she wakes up at night and begins belching. She does some light work around in the house. Otherwise she seems to be in good health, except that she is nervous, but the belching is terribly annoying and she never leaves the house on that account. She never vomits, is just a little tender over region of stomach; seems to be well nourished. Is unmarried; menstruation has always been normal.

J. L. R., Ohio.

As you know, typhoid often leaves its victims with various derangements. In this case we are inclined to consider the eructations to be largely nervous, i. e., gastric enervation together with muscular atony. Treatment, to be effective, must be based upon a clear conception of physical conditions and, at best, will have to be prolonged. However, we think a cure can be obtained. First and foremost, wash out the stomach with mild alkaline astringents; faradization (intraventricular) would help here, as would massage of abdominal area. Have the patient wear a snug abdominal belt. Give, on the same day

that lavage is done, enemata of decinormal salt solution; use rectal tube. Dilate sphincter ani. Diet carefully, allowing light, nutritious, easily assimilated food, and insist upon outdoor exercise daily. Each morning have the patient take the juice of half a lemon in a glass of *hot* water. Before meals (half an hour) order nux and capsicum, one tablet, hydrastin, gr. 1-6, and juglandin two granules. After meals ten drops of diluted hydrochloric acid in a glass of water. Immediately after food papayotin comp. No. 1, two, and if belching occur, one antidyspeptic. This if hyperacidity does not exist. If it does, drop the hydrochloric acid and for papayotin comp. No. 1 substitute No. 2 (one), and for antidyspeptic the neutralizing cordial tablet, one. Don't forget to knead the stomach thoroughly when massaging, and if you can use the gastric spray after lavage, do so. You'll win, Doctor, but you must make your patient work *with* you for a month or two.—Ed.

—  
 QUERY 5271:—"Cystitis.—Seminal Emissions." I am "stuck" on two cases. They mean much to me if I can cure.

Case 1. Male, married, 35 years old, cystitis six months' standing. Has been treated by two physicians at different times. No relief, but worse. Made first visit May 15. Could not pass a linen catheter of small size. Got up twenty-five times a night; suffered much pain passing urine and a good deal at other times. Treatment: Arbutin 48, asparagin 48, lithium benzoate 48 granules, in 24 teaspoonfuls of water. Teaspoonful every two hours. For the pain, monobromate of camphor, 1 to 3 grains, combined with hyoscyamine, which is doing excellent service. A week ago he drove to my office. He gets up five to ten times a night. Some pain passing urine. Is obliged to use pain relief but seldom. Changed treatment to sanmetto, one teaspoonful four times a day, alternating with san palmetto comp., 4 tablets daily. What do you advise?

Case 2. Boy, past 16, weighs 206 pounds. Seminal emissions now twice a week.

Used to be about every night. Denies self-pollution *now*. Have given him big doses of calcium sulphide, monobromide of camphor, hyoscyamine hydrobromide, and forget what else. There is so much of the animal in him I am fearful he will "spout" anyway. I advised him to do hard work, that two emissions in his case would not hurt him. I make him keep off his back by tying a towel with a stone in the middle. He wants to be cured, saying it is a nuisance.

E. C. L., Indiana.

If we had a clear conception of the urinary conditions in case No. 1, we should be better able to prescribe. We do not know whether the urine is alkaline or acid, whether there is an infected condition of the entire vesical mucosa, or simply affection of the sphincter vesicæ. You do not state what caused the cystitis—gonorrheal origin, possibly? A man of thirty-five should not have cystitis, unless it be specific or set up by instrumentation. Any stricture, rectal disease, etc.? Send a specimen of urine, four ounces taken from the twenty-four hours' output, stating the amount passed in that time, and we will send you report. *Pro tem*, we would suggest the formin compound with arbutin, gr. 1, every three hours. Give barley water with each dose, or a glass of water containing one to two drams of any good preparation of triticum repens. Wash out the bladder with 1:1,000 antinosin solution or a 2 per cent ichthyol, and keep the bowels open with saline. If the urine is alkaline, give benzoic acid, two to four grains three times a day; if it is extremely acid, give lithium benzoate in similar doses.

Regarding Case No. 2, we would strongly suggest that you leave this boy to nature as soon as you can. Give him a plain, earnest talk about matters, making him understand himself. Take off the towel and throw away the stone, and let him lie on his back, or his side, or his front elevation, or any other way he wants to lie. Tell him to keep his mind on decent things, work hard, eat lightly, and bathe in cold water before retirement. The more he

works, and the less he eats, the more money he will get and the sooner he will be able to do what every normal male should do sooner or later, i. e., take a mate to himself, and as soon as this happens his trouble will disappear. That is good common-sense, Doctor, and we only wish that the profession at large would preach it constantly.—Ed.

QUERY 5272:—"Calculus in Renal Pelvis?" I should like to have your suggestions in the following case: S. H., molder by occupation; age 34; married; no children; father died at the age of 59 of pneumonia; mother still living at the age of 62; three sisters living; no sisters or brothers dead; family history good; has had no venereal history; has never been a drinker to excess and has not drank anything for the past five years; has had no illness since childhood with the exception of the present one. About two years ago, while playing cards, was attacked with a very severe pain in the right testicle. Two hours later, when he urinated, the urine was mixed with pure blood. There was no pain on passage of the urine and no further pain in the testicle. From that date, which was April 5, 1905, he has not voided urine that was not mixed with blood. He has no pain in the region of the kidneys, feels well and is able to work as a machinist, but is not capable of performing the work of molding. He lost about twenty-five pounds in weight the first year, but since then his weight remains stationary. He has a good appetite and sleeps well. Examination of the urine shows: reaction, alkaline; specific gravity, 1.025; color, bright-red; sugar, absent; albumin, due to blood present. Microscopic examination reveals nothing out of the ordinary, with the exception of blood-corpuscles. Catheterization of the ureter shows the source of the blood from the left kidney. I have had the man on iron, methylene-blue, calcium chloride, adrenalalin, and tonics, but without results.

Any suggestions you may be able to offer will be highly appreciated.

L. L. S., Ohio.

Your communication has received our very careful attention. The alkaline reaction of the urine and the absence of typical renal epithelium, together with the color of urine, the pain in the testicle and the absence of pain in the kidneys would lead us to believe that a mistake has been made here. Are you quite sure that the ureter was catheterized? You know, Doctor, it is not every man who can catheterize a ureter. The blood which is said to have had its origin in the left kidney may, in fact, have been from a lesion in the ureter itself, caused by the catheter. Possibly there may be a stone in the renal pelvis. Cancer of the kidney would have made itself very evident before this, and it seems to us that pus or other evidence of renal disease would appear within two years, not only blood. We should examine the prostate very carefully, also the urethra and the bladder-walls, using reflected light. You may give the formin, arbutin and ammonium benzoate in full doses, with triticum repens and hydrastin, and note results. Make a careful examination and if you care to let us know something further about the case, we should be pleased to have the information.—Ed.

QUERY 5273:—"Goiter—Calcium Sulphide." I want to report to you about the case of goiter I wrote to you about some four or five weeks ago. I had begun treatment something similar to what you recommended a week or so before I got your letter and after hearing from you I took up the treatment just as you said. After a couple of weeks I gave her two calcidin and four phytolaccin every four hours during the day, two ergotin and one strychnine nitrate before meals, one arsenic iodide after meals, for ten days in every two weeks, and the carbenzol at bedtime. I hadn't the wall-plate or anything of the kind and therefore could not use the iodide of potassium as you suggested. I have watched her bowels and have kept them free all the time. Now all the difference I can see in the goiter is that perhaps it is a little softer. How long must I expect

to keep up this treatment and what are the signs of improvement? This goiter has been growing the last two years. Now what would you advise me in regard to further treatment? Now I want to report my experience with calcium sulphide in measles, in a lady 32 years of age who had been exposed. I began about a week before the expected outbreak of the measles and gave her two of the one-half grain granules every hour for two days, then two every two hours for the next two days, and then two every three or four hours afterward, and yet she had the measles, and a typical case, too. Another case I began and gave two of the granules every two hours from early morn until late bedtime until I had given forty grains, and yet she had measles. Now, what was my trouble? Was it the fault of the calcium sulphide, or was the fault with me? Will say that in both cases the bowels were kept free with effervescing saline laxative.

J. V. R., Indiana.

A goiter must be treated from four to six months. The first sign of improvement is usually a "softening" of the growth and then a gradual diminution in size is noted. Do nothing more than you are doing excepting to apply compresses wrung out of epsom salt solution at night, covered with flannel. Now regarding calcium sulphide in the cases of measles. One-half grain of calcium sulphide is not the best dosage, and we have constantly urged the use of the gr. 1-6 granules. Calcium sulphide, when massed in too large quantities, seems to become hard and, anyhow, the stomach can absorb only so much. Wherever the gr. 1-6 granule is used, one or two every hour, prompt saturation of the system occurs, and the results are ideal. In both cases you do not mention cleaning out the buccal and nasal cavities or cleaning out thoroughly with a mild mercurial and hepatic cathartic (say, calomel and podophyllin). Neither do you state that you ordered a thorough bath from head to foot, with a mild creolin or other antiseptic solution. Had these steps been taken, and

calcium sulphide, gr. 1-6, been given every hour or two for even three or four days after exposure, we do not think you would have seen any sign of measles.—Ed.

QUERY 5274:—"To Relax Arterial Tension." What is *best* to relax arterial tension?

F. R. S., New York.

Arterial tension is promptly relieved by atropine or hyoscyamine; or in acute febrile (and some chronic) conditions, by aconitine or veratrine. In some cases venesection may be advisable or thorough saline depletion with limitation of fluids. Where the high tension is due to organic arterial change, careful adjustment of the diet, habits, with regulation of elimination, are essential. Potassium iodide is the classic remedy in such cases. Combinations of aconitine, veratrine and strychnine may be desirable. In many cases apomorphine unquestionably also proves temporarily effective; this, however, has not been sufficiently impressed upon the profession. It will be impossible to say, however, that any one drug or combination of drugs is the "*best*" relaxant of arterial tension, for arterial tension may exist in a variety of conditions and we must select our remedy according to the peculiarities of the case.—Ed.

QUERY 5275:—"Epilepsy—Pruritus." I have to report considerable progress in the case of epilepsy treated by Dr. Candler's method. No convulsions for nearly three weeks, while before they averaged three daily. Now I come again for help. A case of jaundice with intense itching of the entire body. The jaundice has been relieved, stools are voided naturally and the patient is in fine shape except for the itching, which, of course, is worse at night. Everything has been tried, and pilocarpine pushed to the limit, with negative results. What can I do further to help him get rid of the distressing itching? Urine is normal; patient temperate in every respect; age 64 years.

H. H., Illinois.

We are delighted to learn that your epileptic patient is doing so well. Keep up the medication, reducing the dose very slowly, and you'll win out. Don't worry if your patient does have a fit, but immediately go back to maximum dose and hold the patient there for a week, then reduce again. Many similar reports are coming in.

Now as to your case of icteric pruritus. I have found that nothing equals a solution of creolinated epsom salt. Dissolve two ounces of the magnesium sulphate in a quart of *hot* water, add twenty or thirty drops of creolin (or carbolic acid) and sponge the skin, letting the solution dry on. I never have seen a case itch over three days. Internally blue mass and soda with iridin (gr. 1-2 and 1-6 each) hourly for four doses, every other night, and saline next morning. Calcium chloride, grs. 15 t.i.d., also is beneficial. Then put the patient upon boldine gr. 2-67, euonymin gr. 1-6, hydrastin gr. 1-6, half an hour before meals, and chionanthin gr. 1-2 to 1 after food. He'll be free from the trouble in two weeks. The epsom salt sponge may be repeated every third night with advantage. Leave out the creolin after the pruritus stops.—ED.

QUERY 5276:—"Malaria." I have a case of chronic malaria. The woman has chills during warm weather, but is not bothered during the winter at all. I have given her the antimalarial tablet, with but little success. Do you know anything that will stop the attacks?

R. W. B., Missouri.

In all these cases clean up with podophyllotoxin and calomel, or use the calomel, podophyllin and bilein tablet. Give methylene-blue, gr. 1, acetanilid, gr. 1, every three or four hours, and a full dose of quinine hydroferrocyanide two hours before the expected chill. You may give a third of a grain; add capsicum and nuxvomica, one tablet, giving a second similar dose just prior to the time the chill is due. Watch the urine carefully, Doctor. As soon as you have controlled the chills give the

triple arsenates with nuclein, two after each meal, and the hepatic (alkaloidal) one every other night, with a saline before breakfast.—ED.

QUERY 5277:—"Iodine." Do you advise the substitution of calx iodata for potassium iodide in the treatment of every affection where the latter is considered of value? Do you advise the use of iodine in any form in rapid phthisis? Will you name some practical work on Dietetics?

T. O. P., California.

Since Bouchard has shown that potash is convulsant and the principal convulsant element of urine, we do not advise its use in any cases except where its decided diuretic action is advisable, and yet the renal conditions do not contraindicate it. Calcidin replaces the iodides throughout the entire line of their action, except where the added effect of iron or arsenic may be required, or iodoform, which has a local sedative and anesthetic action as well.

I am very doubtful as to the utility of iodine in rapid phthisis, but have had results in this malady from McCall Anderson's method so encouraging that I have been almost afraid to publish them. This consisted in quelling the fever by systematic cold application to the abdomen, with forced nutrition. To this I added the complete emptying of the bowels which characterizes our practice as a routine, and disinfection by forty grains daily of calcium sulphocarbolate. But in cases of chronic phthisis where there is much debris to be removed, calx iodata is an admirable remedy.

The best and most recent work on Dietetics we can advise is Hutchinson's Food and Dietetics, published by Wm. Wood & Co. Price three dollars.—ED.

QUERY 5278:—"Acute Gastralgia; Post Grippal." In Feb., 1904, my wife had an attack of la grippe. The seat appeared to be the stomach and the nerves of and adjacent to that organ. For ten or twelve days she was fed by enemas, as the least bit of nourishment of any kind in the

stomach would give an acute gastric colic. Ever since that time, every six to eight weeks, she has an acute gastric colic with persistent constipation during the attack; but is regular between the attacks. Any food, even liquid peptonoids, for two days will precipitate another attack.

Temperature, subnormal—97° to 98°F. Pulse per minute 120 to 140. Appetite good between attacks. It takes from one to three hypodermics of gr. 1-4 morphine and gr. 1-100 of hyoscyamine to relieve pain. What shall I do?

E. S. E., North Carolina.

It is probable that the condition described is due to the impression made on the nervous system by the influenza. Subnormal temperatures indicate defective metabolism, dependent on low nutrition in this case. Carefully see to the emptying of the bowels, the elimination by the kidneys, and the bodily functions in general. This is usually best accomplished at a sanatorium, where absolute rest and minute supervision may be secured. The doctor's wife who must do with the attention he can spare her between obstetric cases, fevers, accident surgery and attempts to collect enough to meet bills, is to be pitied. (Our wife says a loud—and frequent—Amen.) The remedy we would prefer here is copper arsenite, in doses of gr. 1-1000 every waking hour.—ED.

QUERY 5279:—"Syphilis: Sore on Lip and Nose." Young woman: two years ago, either from a drinking cup or the kiss of a "sweetheart?" there appeared a sore on her lip. Throat and nose became sore; has had continual orthodox treatment, tonsils removed and nose operated on. Have not seen case so do not know extent of damage. Patches in mouth, throat and nose still raw. At last I am asked for treatment. I put her on echineca gtt. 15, fl. ext. berberis 20 gtt. four times a day. Am very anxious to cure. In a back number of the CLINIC I note that "bull nettle is said to be a permanent cure for syphilis." Is it, if so where can I find a good drug? Kindly let me know any improvement in

my treatment for I do not want that nose to cave in.

H. W. S., Ohio.

Give the lady mercury biniodide, arsenic iodide, iodoform and phytolaccin increasing until the eyes water or the gums soften, then slightly lower dose and keep right on for a year. Keep the affected mucosa well cleaned out with mild washes, such as a grain of berberine in an ounce of warm salt solution, and apply this many times a day.—ED.

QUERY 5280:—"Dysmenorrhea, etc." Maiden, 27, no occupation, delicate, had typhoid two years ago; nervous and depressed ten days before menses, first day severe pains, paroxysmal, with free flow, normal, no leucorrhea, ovarian or sacral pain. Has had rectal hemorrhages five years, four to six times in a day, with no apparent excitant cause. Comes when urinating, loses half a pint or more blood, continue a month or more, no hemorrhoids or fissure, no cause detected by proctoscope by me or at Johns Hopkins. Urinates frequently day and night, urine dark and offensive, sometimes pain on passing and always if retained long. Palpitation on slight exertion, with oppression of breathing and faint feeling. Faints easily. Can not lie on left side, Quite nervous. Appetite good but sense of weight in stomach follows eating. Belches for hours after eating, no pyrosis, tongue clean, bowels regular, easily fatigued but well nourished. Facial eruption for months. Severe headaches, general vertigo on waking from day naps.

W. W. S., Missouri.

The case is one to be diagnosed only by physical examination—but how about Johns Hopkins? Our suspicion would be a foreign body impinging on the bladder and rectum. But sometimes even Jove nods. Take a look at the bladder through a cystoscope. Give her a grain of arbutin daily, do not put too much faith in her daily stools but *know* that her bowels are not loaded down, and treat the dysmenorrhea with Buckley's excellent combination.—ED.



**EPISTAXIS.**—Leach (*B. M. J.*) blames salicylic acid with causing epistaxis.

**DROPSY.**—Peabody commends the salt-free diet in dropsies.—*Medical Record* for March 9, 1907.

**INTERESTING.**—The *Therapeutic Gazette*, for May, is unusually therapeutic and interesting.

**ACTIVE PRINCIPLES.**—Use active principles whenever satisfactorily available.—Benedict, *Cr. & G.*

**LEPROSY.**—Clift (*B. M. J.*) suggests that leprosy is contracted through the alimentary canal, from infected food.

**SHRUNK!**—The really lively and often interesting editorials of *The Medical Brief* have shrunk to a measly half page.

**TUBERCULOSIS.**—Flick says that of all sources of tuberculosis the most dangerous to man is the diseased dairy cow.

**CACTIN** is a simple concentration, not a proprietary or monopolized article. Just a dirtless cactus grandiflorus, that's all.

**HEADACHES** of the migraine type depend in the majority of instances upon some form of auto-toxemia.—*Ther. Gaz.*

**ESERINE.**—Inject eserine, gr. 1-40, just before abdominal operations and prevent the tympanites.—*Am. Jour. Surgery.*

**VERONAL.**—Marrs says veronal, grs. 8, obviates the unpleasant effects of morphine, gr. 1-4, given together.—*Merck's Archives.*

**PYURIA.**—When due to renal disease pyuria is intermittent, when the pus is derived from the bladder the flow is continuous.

**ARTERIAL PRESSURE** in the lungs is not regulated independently but varies with that in the systemic circulation.—Werley, *Ther. Gaz.*

**NO FAILURES.**—Five colleges report no failures of their graduates before the State Boards, two in Colorado and three in the south.

**IMPOTENCE.**—Of 26 cases of sexual impotence one-half were caused by the use of tobacco, says F. G. Thomason, in *The Medical Era*.

**AT THE HEAD.**—Of the big colleges Johns Hopkins stands at the head, with a failure list before state boards of only 9.8 per cent.

**HYOSCINE.**—How long before we would have discovered the anesthetic-analgesic powers of hyoscine by fooling with hyoscyamus?

**THIOSINAMIN.**—Boseck reports a case of myositis ossificans cured by a month's injections of thiosinamin, gr. 1 1-2 daily.—*Ther. Gaz.*

**PANAMA.**—The *Medical Record* for May 18 contains an interesting paper by Dr. Gorgas on the state of affairs at the Panama canal zone.

**ADRENALIN.**—No one would think of adrenalin or styptics in apoplexy, why then give them in pulmonary hemorrhage?—Werley, *Ther. Gaz.*

**GOOD NUMBER.**—*Public Health*, issued by the Michigan Health Department, is especially fine for April—June. Well worth sending for a copy.

**DANGEROUS?**—450,000 tablets of hyoscine-morphine and cactin sent out in four months. and not a death as yet reported! Gee, but it's dangerous!

**VOMITING OF PREGNANCY.**—Ayling urges (*B. M. J.*) minute doses of iodine for vomiting of pregnancy. Try calx iodata and you'll be edified.

**ARTERIOSCLEROSIS** is unquestionably more frequently due to autointoxication from the absorption of colon poisons than to any other cause.—*Mod. Med.*

**CIMICIFUGA** will be found in most cases to act with far more constant success in females than in males, says Douglas, in *The American Physician*.

**"THE ART OF TOUCH."**—*Modern Medicine* for April contains a nice paper on "The Art of Touch," no—not by the Battle Creek people but a less known authority.

**RENAL HEMATURIA.**—F. M. Johnson reports two cases of renal hematuria controlled by stypticin, in doses of gr. 1 1-2 every three or four hours.—*Merck's Archives.*

**IRIS.**—Iris stimulates the hepatic cells, increasing the flow of bile, and is of especial value in catarrhal obstruction of the gallducts. It is especially

valuable also in the treatment of uricacidemia.—*Medical Sentinel*.

LABOR CASE.—Stark (*B. M. J.*, April 27) tells of a labor case in which muscular rigidity prevented progress until the chloroform was pushed to deep anesthesia.

PROPRIETARIES.—The agitation against proprietary remedies is going to transfer a huge expenditure from medical journal advertising to traveling salesmen.

FRIEND?—If pneumonia is "the old man's friend," because it carries him out of a life devoid of pleasure, queer how he clings to his enemy, the alkaloidal doctor.

VASCULAR AFFINITY.—Pal said salts of lead have selective affinity for blood-vessels of the splanchnic area like ergot has for the uterus.—Werley, *Ther. Gaz.*

INTESTINAL HEMORRHAGE.—Turck found hot water enemas and footbaths almost ideally meet the need in hemorrhages from the intestines.—Werley, *Ther. Gazette*.

THE "BEST."—The best natural disinfectant, sunshine; best germ disinfectant, formaldehyde; best physical disinfectant, soap; best moral disinfectant, publicity.—Ex.

THE REAR GUARD.—Knoxville Medical College brings up the rear of the schools of the United States, with 90 per cent of failures before the State Boards.—*J. A. M. A.*

GNORRHEAL EPIDIDYMITIS.—A. A. Uhle praises the treatment of gonorrethral epididymitis by saturated solutions of magnesium sulphate but carefully avoids crediting Burgess.

THE LATCHSTRING IS OUT.—Woods Hutchinson has deserted California and located in New York city. When will Chicago's turn come? His sojourns are becoming briefer.

BLACKWATER FEVER.—W. J. Buchanan, editor of the *Indian Medical Gazette*, attributes blackwater fever to a combination of malaria and quinine with a lesion of the kidney.

LACHESIS.—Hering collected the provings of lachesis for ten years before he told what it was.—Kraft, *American Physician*.—How many of our galenics could bear such a test?

VASCULAR CONTRACTION.—Dixon said ergot, digitalis, strophanthus, barium and lead cause contraction of the arterioles, especially in the splanchnic area.—Werley, *Ther. Gaz.*

CALX IODATA.—Peter testifies to the efficacy of calx iodata (*Brit. Med. Jour.*) as an application to old ulcers and to syphilitic necrosis of the nasal bones, and also for syphilitic headaches, etc.

DRUGLESS METHODS.—The Supreme Court of New York has decided that persons who practise

drugless methods are not thereby relieved of the necessity of passing the State Registration Boards.

NAVAL MEDICAL SCHOOL.—*Washington Medical Annals* for May contains a fine paper by Medical Director Wise, U. S. N., on the "Evolution of the Naval Medical Service and the Naval Medical School."

PULMONARY HEMORRHAGE.—When the left heart allows back pressure into the lungs, heart stimulants lower tension in the lesser circulation and check pulmonary hemorrhage.—Werley, *Ther. Gazette*.

GALLSTONES.—Dr. Wakefield objects to the relegation of all cases of gallstones to the surgeon (*Carolina Med. Jour.*), although he is not very sanguine as to more than temporarily relieving them.

VOMITING OF PREGNANCY.—*Le Monde Medicale* calls attention to the importance, in incoercible vomiting of pregnancy, of "evacuation of the intestinal contents, which constitutes the heroic treatment."

PROSTATITIS.—Lydston says the fever of acute prostatitis is far more reliably controlled by aconite or veratrum than by antimony. Gelsemium and bromide may be advantageously added.—*Merck's Archives*.

DENTEROUS?—The doctor who treats all his patients without the use of drugs exhibits a dexterity that reminds one of the acrobat who walks on his hands. Fine! But after all the feet do very well for walking.

BLADDER.—"As men grow older the maintenance of the bladder in full functional activity becomes a matter of growing importance." See paper by Abbott in *The Therapeutic Record* for May, full of useful hints.

HEMATURIA.—Elliott says that clinical records show that a small patch of interstitial fibrosis may be the only microscopic change in a kidney which has bled severely and persistently.—Kennedy, *Dominion Med. Monthly*.

TUBERCULOSIS.—Scarcely a number of the *St. Louis Medical Review* but contains something we feel impelled to call attention to. In the issue of May 18 see Porter's instructive paper on the early diagnosis of tuberculosis.

RECOMMENDATION.—Simmons says that the acceptance of an article by the Council on Chemistry and Pharmacy does not necessarily mean a recommendation, but the jackals tell us we shall not use anything else. Which is right?

BACK TO THE CELL!—"The essence of disease consists in the change within the cells. Cells are intelligent organisms and know how to choose their own food when it is within their reach." In connection with those two cardinal maxims of Virchow, read Waugh's paper on Selective Absorption by the Cells, in *The Medical Record* and

Herbert M. Greene's on "Treatment of Tuberculosis in the State of Washington," in *Northwest Medicine*, January, 1907.

**GONORRHEAL RHEUMATISM.**—When physicians persist in talking of the treatment of gonorrheal rheumatism and ignore the sulphides, we are tempted to agree with a homeo who says that therapeutically the old school is hopeless.

**THE REPEATER.**—*The Carolina Medical Journal* comes out so strongly against the repeater who sends his papers—usually commercial—to a number of different journals at the same time, that we suspect our friend has been bitten. Mean trick.

**ASTHENIA** may be nervous, general, muscular, cardiovascular, and differs from paralysis, atony, adynamia, and hypotonia. Remedies: strychnine, massage, electricity, tonics, the restorative regime, and specifically caffeine from kola.—*Le Monde Med.*

**AUTOTOXEMIC MIGRAINES** usually require some intestinal antiseptic, such as the sulphocarbolate of soda, or guaiacol, hurrying digestion by pancreatin or taka-diatase, and calomel or podophyllin to stimulate hepatic and duodenal secretion.—*Ther. Gaz.*

**DOVER'S.**—In the Modified Dover's the gr. 1-134 of morphine equals about three times the dose of that salt alone; don't forget this. Modified Dover's contains in each granule morphine sulphate gr. 1-134, emetine gr. 1-250, and camphor monobromide gr. 1-12.

**THE PRESCRIPTION.**—Edward Bok says he called on thirty physicians and asked them to give him an accurate analysis of their prescriptions. Only two could do so! We are surprised that he found so many—unless he stumbled on a couple of alkaloidists.

**A "CODE" QUESTION.**—A correspondent questions the propriety of city physicians making a charge to visiting brethren for professional services. The code gives physicians the right to call on their neighbors for aid, but how about others? Let us hear your views.

**DISCOVERIES.**—Want to make therapeutic discoveries? Needn't wait for new alkaloids, just take the pilocarpine group and investigate their powers. Try out picrotoxin, arecoline, muscarine, solanine, physostigmine, emetine, or apocodeine; even pilocarpine itself.

**LIBEL SUIT.**—Drs. Tait and P. M. Jones have to face a libel suit for \$75,000, entered by the College of Physicians and Surgeons of San Francisco. The *Pacific Medical Journal* says the accused will be afforded every opportunity to prove their assertions.

**UREMIC HEADACHE.**—Put to bed, stimulate skin, hot pack if heart is strong enough, cold to the head, large doses of caffeine if the kidneys are not irritated and the circulation is not bounding.—

*Ther. Gaz.* And just as we waited to hear him say, push veratrine, he stopped.

**DYSMENORRHEA.**—Don't forget in dysmenorrhea with scanty flow, cicutine hydrobromide, gelseminine and anemonin, a granule each, every hour till lids droop. In dysmenorrhea with too free bleeding Buckley's uterine tonic answers too well to justify further experimentation.

**POSSIBILITIES.**—Will we ever learn to combine the definite single active principles scientifically so as to get out of them all their possibilities? Get the action of the single remedies firmly implanted first, and their combinations can come later; the horse before the cart, please.

**VERATRUM IN ECLAMPSIA.**—In the *Va. Med. Monthly* John E. White defends the use of veratrum in eclampsia. Compared with morphine veratrum requires a much smaller proportional dose to slow the heart, and to control muscular spasm, does not lock up but increases secretions, and is followed by reaction more readily.

**THE CIRCULATORY SYSTEM IN GASTROINTESTINAL AUTOINTOXICATION.**—Under this title Roy, in the *Washington Medical Annals*, enumerates the following symptoms resulting from this form of toxemia: paroxysmal tachycardia, bradycardia, arrhythmia, gastric tetany, pseudo-angina pectoris, sudden death, acute gastritis, and arteriosclerosis.

**WHY?**—Why should H-M-C relieve intense pulmonary hyperemia in pneumonia and save life in a desperate case? Why should H-M-C be feared as inducing pulmonary hyperemia and edema when it dries up the respiratory mucous secretions? Why does cactin increase the analgesic-anesthetic action of hyoscine-morphine when alone it has no such action?

**INVESTIGATE!**—How can you men be content to go along day after day at your practice routine when there is so much investigation awaiting you? It is exactly in your line, too. The application of these agencies to the conditions presented clinically. Don't try to do it all, or get discouraged at the magnitude and do nothing. If each of you would only do a little bit. Wake up!

**HOW ENTICING!**—A minister in Tennessee says that hell is a place of strong drink, tobacco, baseball, theaters, and peekaboo shirtwaists. The *K. C. Journal* comments: "O death, where is thy sting?" That preacher might take a hint from the missionaries to the Eskimo, who were obliged to describe Gehenna as a place of eternal ice and cold, their lurid picture proving too enticing.

**JAUNDICE.**—Restore the hepatic functions by promoting the excretion of bile and checking intestinal fermentations. Rid the bile ducts of obstructions and antisepticize the gastrointestinal canal. Also attend to the kidneys. To promote the secretion and fluidity of bile, sodium salicylate, bicarbonate and benzoate; in cachets; calomel in small repeated doses is warmly advocated; olive oil is useful in hepatic colic; podophyllin, euonymin, boldo, etc., have been recommended.

Clear the bowels with salines, with a large daily enema of cold water. Insist on a milk diet, to promote diuresis and reduce intestinal decomposition, lessening the toxins conveyed to the liver. Robin lately suggests a more liberal diet as more stimulant to the hepatic cells.—*Le Monde Med.*

**MAKING A CASE.**—We have received from Dr. G. L. Hagen Burger a pamphlet giving his version of the controversy between him and the secretary of the Colorado State examining board. Dr. Burger seems to have proven that in Germany academic titles are granted to persons *in absentia*. He does not give evidence that such a title was granted to him; and this seems to be essential to making out his case.

**HOLD ON!**—The *Weekly Medical Review* says that monkeys poisoned with strychnine in Java resorted to the leaves of the "tremblekan" weed, and none of the poisoned animals dies. The physicians there are investigating the plant. The scientific standing of the profession there is so low that such investigations are made without first waiting for the Dutch Pharmacopeia or Council of Pharmacy to permit them.

**A QUEER "AD."**—An exchange publishes a card from a State Examining and Registration Board, stating that it is about to be legislated out of existence, and urging those who have any idea of locating in that state to come at once before this board shall be replaced by another with more stringent requirements. Seems to me I would not have made such an admission—that it vindicates the wisdom of the legislature.

**BIER'S HYPEREMIA TREATMENT.**—*The Lancet-Clinic* says that once in a lifetime some great idea is born, and grows and matures. The hyperemia treatment of Bier seems to be one of these. This may be produced by a compression bandage, by suction, or by hot air. From the latter method we of America have heard much already, and now that it comes back from Germany, renamed and rehabilitated, it may be accepted as quite *au fait*.

**SUCCESSFUL METHODS WHICH SUCCEED.**—There are several methods of treating the same disease which may achieve equal success. Of these, the costlier and more showy seem of late to have displaced the older ones with a majority of the profession; the conservative minority qualify these as fads, but I am afraid that the public puts a worse interpretation upon it, and attributes it to a grab, if not altogether to graft.—*Ohio State Med. Journal*.

**SLIGHT DIFFERENCES!**—At the London Laryngological Society a member showed a case of pharyngokeratosis improving under salicylic acid in sulphuricinate of soda. The first speaker said the acid was no good; the next remarked that the malady was apt to clear up spontaneously, and the third said, why treat it at all as it always got well without treatment. The fourth cured his cases with the galvanocautery. So the J. B.s like to bump each other too.

**PNEUMONIA.**—Atwood, in the *Ohio State Medical Journal*, contributes an article on pneumonia that gives evidence of clinical observation as well as research. A singular error, however, shows that the article was more hastily written than is right when dealing with so important a subject. At the head of the seven remedies he mentions as essential to the treatment, he places veratrum viride but he does not tell us in the article when or how he uses this powerful remedy. In fact he does not mention it excepting in the list.

**REGULARS AND IRREGULARS.**—A correspondent writes that he is flatly opposed to any movement for the assimilation of any more irregulars. He suggests that Simmons came into the regular ranks with the express object of revenging on us the slights his homeopathic brethren thought they had received from the dominant school; and he says he wants no more Simmons. Which is very great nonsense. Whatever may be our estimate of Dr. Simmons, the homeopaths are not responsible for either his virtues or his vices. Judge the man by himself.

**ANESTHESIA.**—Escat finds that a cotton tampon wet with cocaine solution, 5 to 10 percent, applied in the nose will anesthetize the teeth and gums inside of 20 minutes. The effect is most intense at the thirtieth minute, and lasts 15 minutes more. Out of 500 cases the anesthesia was crossed in 8, and affected the other side partially in 37. The effect sufficed even for extraction of carious roots.—*Prag. Med. Woch.* Note that the strength mentioned suffices to induce perilous toxic collapse in some cases. It would be well to try 2½ percent each, of cocaine and brucine—a 5-percent solution of the mixture in equal parts.

**DRAWBACKS TO NAVY SERVICE.**—The worst drawback to the naval medical service is that the surgeon is subordinated to men younger and devoid of the scientific knowledge and tastes that render them agreeable associates to the class of physicians capable of passing the shrewd examinations at entrance. The sort of doctor who could swap yarns with a lot of youngsters lately escaped from the Academy could not enter the medical corps. This has more to do with the large number of vacancies than the meager salary—about \$1,750 a year for a \$10,000 man. It is a pity, for the service offers a noble opportunity for a man to whom the money is a subordinate object.

**COMMERCIALISM.**—*The Milwaukee Medical Journal* utters a strong protest against the commercializing of the medical profession. "Our first object is the relief of human suffering. The only way to elevate the profession is to elevate the material it is composed of, through education and the holding fast of high ideals. No amount of legislation is going to make the dull bright, lift the mediocre above his plodding, or keep the rascal from his rascality. That trade-unionism is fast resulting in a poorer class of workmen is admitted by every candid mechanic." Good sensible stuff, every word of it—wish we could give you all of the editorial, but you can send for the copy.

**PILOCARPINE IN LICHEN.**—McCullough praises pilocarpine in lichen urticarius with intolerable itching.—*Medical Record*.

**WHISKY AND ALCOHOL.**—Charteris finds no difference between the effects of whisky and those of pure alcohol.—*B. M. J.*

**SEXUAL EXCESS.**—Mettler says sexual excess is only causative of locomotor ataxia as it may lead to the contraction of syphilis.

**NEURASTHENIC PARESTHESIA.**—Shoemaker prescribed valerian, sumpul, asafetida, iron, arsenic and gentian.—*Medical Bulletin*.

**TABLETS AND PILLS.**—Compressed tablets or stale pills of quinine often pass through the body unchanged.—*Chicago Clinic*, etc.

**PERITONITIS.**—Sparteine, gr. 1-2 to 2, helps to sustain the heart and materially aids the kidneys in elimination.—Peple, *So. Med. & Surg.*

**CLOTHES INJURIOUS.**—South Africa reports that compelling the natives to wear clothes has proved injurious to their health.—*Medical Record*.

**RAILWAY CLOSETS.**—In several quarters there is agitation against the railway closets, that empty feces and urine along the tracks and leave infection there.

**CAN'T REPLACE DRUGS.**—Radioactivity, vibration, electricity may aid a little, but can never replace drugs in the treatment of disease.—Gregg, *Buff. M. J.*

**INFANTILE SUMMER DIARRHEA.**—Therapeutic Indications: Clear out the intestinal canal, check fermentation and eliminate toxins.—Dessau, *Therapeutic Med.*

**DIABETES MELLITUS.**—John V. Shoemaker seems to value strychnine highly in the treatment of diabetes mellitus; giving it in doses of gr. 1-40 thrice daily.—*Diet. Gaz.*

**WHICH KILLIAN?**—A reception was given Prof. Killian in New York City; but the great Killian is steadily pitching the Detroit club into a place among the leaders.

**ASSAY OF NUX VOMICA.**—Gordin says it is imperatively necessary that the present U. S. P. method of assaying nux vomica be replaced by a reliable one.—*Merck's Report*.

**OPINIONS AND CRITICISMS.**—Whilst knowledge is in the making there must be divergencies of opinion, and it is only by a full and free discussion of these and by the renewed research of which criticism is the stimulus, that any certainty in the way of truth can be arrived at.—Halliburton, in *The Lancet*.

**DR. LEVER'S DEATH.**—An old friend of alkaloidal medicine, Dr. J. D. F. Lever of South Carolina, was drowned while endeavoring to cross a swollen creek in the neighborhood of his home, on

June 1. Dr. Lever was highly respected in his community, where he had practised for many years, and his loss will be deeply felt.

**THE FLY AS A DISEASE SPREADER.**—Santori is urging Italian physicians to educate their public as to the importance of combating the house fly as a disease spreader.

**PATERNALISM.**—See the *St. Louis Medical Review* for a fine editorial on Paternalism, contrasting the views expressed by Bryant and Dixon in their addresses at Atlantic City.

**ACID INTOXICATION.**—One of the most important papers to the clinician that has appeared in years is that on acid intoxication, by Talbot, in *The Medical Record* for June 1.

**KALA-AZAR.**—The disease known as Kala-Azar has been traced to the bites of bedbugs. One more reason for investigating the power of sulphides to prevent all insect attacks.

**CARCINOMA.**—Prof. J. M. G. Carter reports several cases of carcinoma recovering under the use of arsenauro and nuclein in maximal doses. See *Therap. Medicine* for May.

**ICE-WATER ENEMAS.**—Surgeon Petty, U. S. Navy, speaks very highly of ice-water enemas in the treatment of typhoid fever, as a means of reducing temperature.—*Diet. Gaz.*

**CONIUM POULTICE.**—Shield (*Medical Record*) advocates the ancient conium poultice as a means of relieving the pains of inoperable cancers. Why not do it right and inject cicutine?

**SCOPOLAMINE-MORPHINE.**—Some reporters seem to think that if a death from any cause whatever occurs after giving scopolamine-morphine the latter should be blamed.—Collins, *Va. Med. Mo.*

**THERAPEUTIC LAZINESS.**—Is it not time that we aroused ourselves from our therapeutic laziness and began to do our own thinking in fitting carefully selected remedies to our cases?—Gregg, *Buffalo Med. Jour.*

**ALKALOIDAL MEDICATION.**—In *Therapeutic Medicine* French enumerates as the three laws of alkaloidal medication: The use of active principles, intensive dosage to effect, and beginning treatment early in disease.

**CHICAGO MORTALITY.**—Despite the continuance of cold, wet weather the mortality in Chicago is subsiding toward a natural figure, that for the week ending May 2 being 15.86 per 1,000. Evans is making good.

**FOOD ADULTERATION.**—During April the New Jersey State Board of Health examined 319 samples of foods, finding 18 per cent of milk, 37.5 of butter and 24.3 per cent of foods and drugs adulterated.—*Jour. Med. Soc. of N. J.*

**PHARMACOLOGY.**—Last year the Section on Pharmacology unanimously recommended that two phy-

sicians of practical therapeutic knowledge be added to the Council on Pharmacy, etc., but not the slightest attention has been paid.—*Int. Jour. Surg.*

**MORPHINE AND PAIN.**—There is probably no greater fault in the practice of medicine today (except the crime of treating symptoms without attempt at diagnosis), than the unreasoning and indiscriminating use of morphine in all conditions associated with pain.—*Chicago Clinic*, etc.

**MORALS?**—The *Vermont Medical Monthly* says a physician of that cool and cultured commonwealth undertook to examine a young lady at his office; she died suddenly under examination with a vaginal speculum, and the doctor is being prosecuted for criminal abortion. Well, well, well! Moral—lots of morals suggested.

**CALX SULPHURATA.**—No pyogenic microbe can live in the human body saturated with sulphides till their odor is perceptible on the perspiration and the breath. Give calx sulphurata gr. 1-6 every half or quarter hour till saturation; then sustain this. Must be true to quality.—Abbott, *Canadian Jour. Med. & Surg.*

**INTERNAL SECRETIONS.**—We are glad to announce that the second and completing volume of Sajous' great work on the Internal Secretions is about ready for distribution. It is published by F. A. Davis Co. of Philadelphia. Our readers will not see a review of this work for many a day in this journal—this is a work that demands study.

**GLEET.**—When gleet is associated with disease in the deep urethra, Foote (*Cleveland Medical Journal*) employs intravesical irrigations with potassium permanganate or the organic silver salts; or instillations with an Ultzmann syringe of silver nitrate 1-2 to 2 per cent, or higher, argyrol 20 per cent, or thalline sulphate 10 or 15 per cent.

**BEEF TRUST.**—The resourcefulness of the Beef Trust is great. The condemnation of 5,147,505 pounds of food-products at Chicago since January 1, 1907 (not all meats by any means), is met by a heavy advance in the price of meat to the consumers, without any corresponding increase in the price paid the cattle raiser; but on him is saddled the expense of all meats condemned. Well, what are you going to do about it?

**INTESTINAL ANTISEPTICS.**—The *Courier of Medicine* gives a nice, courteous and sensible review of our statement as to the theory of intestinal antiseptics—it couldn't be aught but courteous, coming from that source—and then mildly accuses us of being "enthusiastic!" Great Scott! What's a man to do when he has got a thing so good that he can't help calling on his brethren to share it with him, and save the lives they are now telling us they are helpless to rescue? When we have employed a treatment for twenty-five years with unbroken success, are we to say nothing of it, for fear somebody may think we are too forward? And meanwhile let people die for want of the knowledge? What we are is of mighty little consequence. What people think of us is still less. But you must pay attention. It is your duty.

**THE PROFESSION MORALLY SOUND.**—In our profession as in any large part of the American people we may rest assured that the vast body of the membership is sound in morals and in sentiment. Under the apparent activities of the men who are in the lime-light the rank and file may be depended upon to think and do pretty nearly right. This limits the capacities for ill of any clique that may obtain control—they must bow to public sentiment after all.

**DOPE FOR QUACKERY.**—The *Medical World* for June publishes some correspondence in which Dr. J. L. Carter shows that at least two prominent manufacturing chemists houses are ready to provide the "dope for quackery" without scruple or question. But the matter as it is presented is not fair enough to these firms for us to reproduce their names. Why should they be singled out for such attack? The decoy letters should have been sent to every house engaged in the manufacture of such supplies as well as these two.

**THE NEW CALIFORNIA LAW.**—The *Medical Sentinel* seems to have a very poor opinion of the new law governing state board examinations in California. "No teacher of medicine is permitted upon the board. Applicants are not required to know anything whatever about the practice of medicine, materia medica, therapeutics or surgery." The board is enjoined from discriminating against any school of medicine or surgery, osteopathy, or any other system or mode of treating the sick. With such a law, the editor considers reciprocity between California and Oregon impossible.

**THE AMERICAN THERAPEUTIC SOCIETY** held its meeting at Washington in May. This seems to have escaped the notice of the medical journalists, as no report of the proceedings has appeared. We deem it probable, however, that nothing very disquieting transpired. This association manages successfully to avoid the lime light of publicity. Has it ever done anything whatever to advance the cause of therapeutics? If anybody has noticed any such thing will he kindly tell us? Yes, it has done something—elected John V. Shoemaker president; and if J. V. possesses his old energy and exercises it in this position we may expect to hear of something next meeting.

**NO TIME TO FIGHT.**—THE AMERICAN JOURNAL OF CLINICAL MEDICINE thinks its space too valuable to be taken up with matters personal or controversial. We haven't "got it in" for any human being. If men assail the truth through us, we will fight back, tooth and toenail. If they attack our personality, that doesn't matter much to us and doesn't interest our readers much more. Whenever we find an item that tends to teach men how to alleviate human suffering, how to make our friends better doctors, that has the preference over all else; and to such work our pages are open first and always. Let this be a reply to any and all attacks that may be made against us. Whenever any reader desires a more specific reply let him write, and get our answer by letter. Much better, let him ignore the matter, and write us a contribution to CLINICAL MEDICINE.